2007
PREMIUM PAYMENT INSTRUCTIONS
PENSION BENEFIT GUARANTY CORPORATION

PBGC
Protecting America's Pensions

This Package Contains Instructions for Final Premiums for 2007

To All Plan Administrators:

Enclosed are the instructions for your final premium payment to Pension Benefit Guaranty Corporation (PBGC) for the 2007 plan year. There are five important items to note for 2007:

- *Changes in the flat-rate premium to reflect inflation.* The inflation-adjusted per-participant flat-rate premium for 2007 is $31 for single-employer plans and $8 for multiemployer plans.

- *Changes in the assumptions and methods used to determine the variable-rate premium.* For 2007, the Required Interest Rate is 100 percent of the annual rate of interest determined by the Secretary of the Treasury on amounts invested conservatively in long-term investment-grade corporate bonds, and the market value of assets must be used to determine unfunded vested benefits.

- *Mandatory electronic premium filing.* Electronic filing is mandatory for all plans for the 2007 plan year.

- *A variable-rate premium cap for plans of certain small employers.* This cap applies if the sponsor group has 25 or fewer employees, determined according to specified rules.

- *The new plan termination premium.* This new premium applies to certain distress and involuntary plan terminations.

More information on all of these developments is in "What's New" on p. 1 of this booklet.

We continue to look for ways to help you, and your suggestions are always welcome. In addition, PBGC's Web site contains information you may find useful, including current and prior premium filing instructions, interest rates, information on disaster relief, and regulations. To see what's new for practitioners, click on the "Practitioners" tab on PBGC's home page at www.pbgc.gov and then on the "What's New" link at the top of the right column.

For all premium-related inquiries, please call our toll-free practitioner number, 1-800-736-2444, and select the "premium" option, or e-mail us at premiums@pbgc.gov. If you have a complaint about the service you have received or still need assistance after calling our practitioner number, please contact our Problem Resolution Officer at 1-800-736-2444, ext. 4136 (202-326-4136 for local calls) or by e-mail at practitioner.pro@pbgc.gov.

Vincent K. Snowbarger

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Interim Director
Pension Benefit Guaranty Corporation

CONTACTS

1. PBGC's Web site, **www.pbgc.gov**, contains pension plan information of interest to the plan administrator and practitioner, such as electronic premium filing, current and prior premium filing booklets, frequently asked questions, interest rates, regulations, etc.

2. Submit **electronic premium filings** (including electronic amended filings) through "My Plan Administration Account" ("My PAA") on PBGC's Web site (www.pbgc.gov). Follow instructions in My PAA for submitting premium payments.

3. For a **paper premium filing** (if exempt from mandatory e-filing):
   a. If you use **mail** (including certified mail), send your filing to:
      Pension Benefit Guaranty Corporation
      Dept. 77430
      P.O. Box 77000
      Detroit, MI 48277-0430
   b. If you use a **delivery service**, send your filing to:
      Pension Benefit Guaranty Corporation
      JPMorgan Chase Bank, N.A.
      9000 Haggerty Road
      Dept. 77430
      Mail Code MI1-8244
      Belleville, MI 48111
   c. If you pay by **check**, write the plan's EIN/PN and the date the premium payment year commenced (PYC) on the check and send the check with your filing.
   d. If you pay by **electronic funds transfer**, send the payment to:
      JPMorgan Chase Bank, N.A.
      ABA: 071000013
      Account: 656510666
      Beneficiary: PBGC
      Reference: "EIN/PN: XX-XXXXXXX/XXX
      PYC: MM/DD/YY"

4. For all **premium-related correspondence (other than premium filings)**, including premium filing questions (for electronic or paper filings), **requests for exemption** from the requirement to file electronically, requests for instruction booklets, address changes, requests for refunds (that are not submitted with premium filings), and requests for reconsideration of premium penalty assessments:
   a. If you **mail** your correspondence (including use of certified mail), address it to:
      Pension Benefit Guaranty Corporation
      Dept. 77840
      P.O. Box 77000
      Detroit, MI 48277-0840
   b. If you send your correspondence by **delivery service**, address it to the same address as in 3.b. above.
   c. Call: 1-800-736-2444 or (202) 326-4242
   d. Fax: (202) 326-4250
   e. E-mail: **premiums@pbgc.gov**

5. For current interest rate information:
   Call: (202) 326-4041
   Internet: **www.pbgc.gov**
   or write to:
   Pension Benefit Guaranty Corporation
   Communications & Public Affairs Department
   1200 K Street, NW
   Washington, DC 20005-4026

6. For assistance on coverage determination or plan termination:
   Call: 1-800-736-2444 or (202) 326-4242
   E-mail: **standard@pbgc.gov**
   or write to:
   Pension Benefit Guaranty Corporation
   Insurance Program Department
   Technical Assistance Branch
   1200 K Street, NW
   Washington, DC 20005-4026

7. If you have a complaint about the service you have received or still need assistance after calling our practitioner telephone numbers listed in items 4 and 6 (1-800-736-2444 or (202) 326-4242), please contact the Problem Resolution Officer (Practitioners):
   Call: 1-800-736-2444, ext. 4136
   (202) 326-4136
   E-mail: **practitioner.pro@pbgc.gov**
   or write to:
   Pension Benefit Guaranty Corporation
   Financial Operations Department
   Problem Resolution Officer (Practitioners)
   1200 K Street, NW
   Washington, DC 20005-4026

8. For assistance with Participant Notice questions:
   Call: (202) 326-4161
   E-mail: **pnotice@pbgc.gov**

9. For questions on our Premium Compliance Evaluation Program:
   Call: (202) 326-4161, ext. 6309
   E-mail: **pce@pbgc.gov**

10. For software developers requesting approval of XML files produced by private-sector software for use in My PAA, follow submission instructions on PBGC's Web site (www.pbgc.gov).

TTY/TDD users may call the Federal relay service toll-free at 1-800-877-8339 and ask to be connected to any telephone number in this booklet.

Note: We cannot accept collect calls.

Note: PBGC filing addresses may change from time to time. Use the most current addresses, even for prior year filings (such as amended filings). The addresses on this page will be valid until at least through December 31, 2008.

Pension Benefit Guaranty Corporation
Customer Service Plan for Plan Administrators

What is Our Mission?

The Pension Benefit Guaranty Corporation (PBGC) encourages a stable, adequately funded system of private pension plans and provides responsive, timely, and accurate services to participants in insured plans, plan administrators, plan sponsors, and other pension practitioners.

Who Are Our Customers and What Services Do We Provide?

As a plan administrator of a pension plan that pays premiums to PBGC, you are one of PBGC's principal customers. In administering the premium collection program, we:

- Collect premiums from covered plans;
- Issue annual premium instructions packages;
- Answer questions from plan administrators, plan sponsors, and other practitioners about premium payments;
- Process premium-related requests, including requests for refunds and administrative changes;
- Issue past due filing notices and statements of account (premium invoices), as appropriate;
- Make decisions on requests for reconsideration of agency determinations in the premium administration area.

Of course, our dealings with plan administrators, plan sponsors, and other pension practitioners go beyond premium collections. Should a defined benefit pension plan terminate, as either a standard or a distress termination, you have dealings with PBGC to bring the case to closure.

Our Service Pledge

Our customers deserve our best effort as well as our respect and courtesy.

- On the first call from you, our customer, we will say —
  – what we can do immediately and what will take longer,
  – when it will be done, and
  – who will handle your request.
- We will call you if anything changes from what we first said, give you a status report and explain what will happen next.
- We will have staff available from 8:00a.m.-5:00p.m. Eastern Time to answer your calls. If you leave a message, we will return the call within one workday.
- We will acknowledge your letter within one week of receipt.

Survey Results and Service Improvement Efforts

The most recent customer satisfaction survey of premium filers tells us we've increased your confidence in us and reduced complaints to the lowest level ever. We are pleased with these improvements but also note that you would like us to continue to improve both customer care and the timeliness of premium refunds, two areas we will continue to focus on. You also let us know that you have concerns about the long-term outlook for both PBGC and the pension insurance system. We understand that this is an uncertain time for the defined benefit system, and we will continue to provide you with the earliest possible information on changes that will affect you. We continue development of a new premium accounting system (for implementation in 2007) that will contribute to faster resolution of questions and timelier invoices and notices (*e.g.*, statements of account). We also expect premium e-filing via My PAA (My Plan Administration Account) to contribute to more accurate and timely filings, plan account histories, and notices. We hope that these efforts will mean a positive experience for you whenever and however you interact with PBGC.

Since almost half of all pension plans have an October 15 premium filing deadline, PBGC experiences its peak premium processing season in October through December. Refunds requested during this period will take longer to process due to the increased number of filings received. We continue to seek ways to make our processes more responsive to the needs of the practitioner community.

If you have any questions or complaints, please contact us by telephone, fax, or e-mail at one of the numbers or addresses listed on page ii.

PAPERWORK REDUCTION ACT NOTICE

We need this information to determine the amount of premium due to PBGC under Title IV of ERISA and to monitor single-employer plans' compliance with the Participant Notice requirement in ERISA section 4011 and 29 CFR Part 4011. You are required to give us this information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB has approved this collection of information under control number 1212-0009. Confidentiality is that provided by the Privacy Act and the Freedom of Information Act.

Shown below is the estimated burden associated with the preparation and submission of a final premium filing. The burden estimates are expressed in hours (for filings done in-house) and in dollar cost (for filings contracted out). (PBGC assumes that 95 percent of the burden is contracted out.) The burden estimates are averages for the plans in each of the listed categories. These times will vary depending on the circumstances of a given plan.

PLAN TYPE	AVERAGE BURDEN
Single-Employer Plans	
Plans With Under 500 Participants	
Exempt from variable-rate premium	1.0 hour or $275
Not exempt but fully funded	2.0 hours or $550
Underfunded	4.5 hours or $1,238
Plans With 500 or More Participants	
Exempt from variable-rate premium	1.0 hour or $275
Not exempt but fully funded	2.0 hours or $550
Underfunded	5.5 hours or $1,513
Multiemployer Plans	0.5 hour or $138

If you have comments concerning the accuracy of these burden estimates or suggestions for making the forms or the electronic filing process simpler, please send your comments to Pension Benefit Guaranty Corporation, Legislative & Regulatory Department, 1200 K Street, NW, Washington, DC 20005-4026.

Reminder to Single-Employer Plans About Reportable Events

The plan administrator or contributing sponsor may have to notify PBGC about certain events:

- 20% reduction in active participants
- Failure to make minimum funding payments
- Inability to pay benefits when due
- Excess distributions to a substantial owner within a 12-month period
- Transfer of 3% or more of benefit liabilities outside the controlled group
- Application for minimum funding waiver
- Transaction involving a change in contributing sponsor or controlled group
- Liquidation or dissolution of a contributing sponsor or a controlled group member
- Declaration of an extraordinary dividend or stock redemption
- Loan default
- Bankruptcy, insolvency, or similar settlements with creditors

In most cases, notice is required within 30 days after the plan administrator or contributing sponsor knows or has reason to know that an event has occurred. In certain cases involving privately-held companies or controlled groups whose pension plans have aggregate unfunded vested benefits of more than $50 million, the contributing sponsor (but not the plan administrator) must notify PBGC 30 days before the effective date of certain events. See section 4043 of ERISA and PBGC's regulation on Reportable Events and Certain Other Notification Requirements (29 CFR Part 4043). (From time to time, we also publish technical guidance on our Web site, www.pbgc.gov, about reportable events filing obligations.) Failure to give PBGC timely notice may result in assessment of penalties under section 4071 of ERISA.

NOTE: Small plans are not exempt from the reportable events rules, although there are waivers and other special rules for small plans in some cases.

NOTE: PBGC provides Form 10 and Form 10-ADV for notifying PBGC of reportable events. These forms are available on PBGC's Web site (**www.pbgc.gov**) and can be downloaded.

Note to Plan Administrators About Repeal of PBGC Participant Notice Requirement

For each plan year (through the 2006 plan year) for which a variable-rate premium was payable for a plan, the plan administrator was required by ERISA section 4011 to issue a notice to participants about the plan's funding status and the limits on PBGC's guarantee, unless the plan was exempt from the notice requirement under ERISA and PBGC's regulation on Disclosure to Participants. ERISA section 4011 was repealed by the Pension Protection Act of 2006 (PPA 2006), effective for plan years beginning after 2006. Thus 2006 was the last plan year for which a Participant Notice under section 4011 was required. Participant Notices under section 4011 are not required for the 2007 plan year. But see ERISA section 101(f) (added by PPA 2006) for a new defined benefit plan funding notice requirement provision.

Help Us Post Your Premium Filings Promptly And Accurately

Electronic filing is required for premium filings for the 2007 plan year. (PBGC may grant exemptions from the e-filing requirement for good cause in appropriate circumstances.) Electronic filing using the My Plan Administration Account (My PAA) application that is on PBGC's Web site means your filing is posted faster and more accurately. Instructions for e-filing your premiums are included in this booklet (see p. 45).

PBGC may grant exemptions from the e-filing requirement for good cause in appropriate circumstances. See B.3.g., pp. 12-13. If you have an exemption for a 2007 filing, and you are sending us your premium information on paper, you must use PBGC forms that you can download from PBGC's Web site or obtain by contacting us as described in item 4. under "CONTACTS," p. ii. To file your forms, use the premium filing addresses in item 3. under "CONTACTS," p. ii.

In addition, please remember:

A. **Do NOT combine the premiums for two or more plans into one payment.**

B. **Include EIN/PN and PYC on all payments and correspondence**.

C. **Send correspondence other than premium filings to the correspondence addresses** in item 4. under "CONTACTS," p. ii.

D. **Notify PBGC of EIN/PN changes.** EIN/PN changes should be reported in your premium filing.

Additional Tips

If you make an amended premium filing that shows an overpayment of more than $500, provide an explanation of the specific circumstances or events that caused the overpayment and made the amended filing necessary. See B.6.d., p. 16, for more information.

When providing refund payment instructions, please keep in mind that not all banks accept Automated Clearing House (ACH) or electronic funds transfers.

If you are filing for a large plan, remember that an overpayment claimed as a credit on your estimated filing must also be claimed on your final filing.

Remember that paper premium forms must be signed and dated. Failure to sign and date your paper filing can delay processing of your filing (including any refund that may be due).

We also remind you not to place correspondence in the envelope with paper premium filings. The filings are processed electronically, and correspondence placed in the same envelope may be significantly delayed in reaching its intended destination.

If you make a paper filing, you must report on the paper form whether the plan has an exemption from e-filing and if it does not, provide an explanation.

In addition, a paper filing should be sent without a cover letter. If you need to submit additional information with your filing, it should be in an attachment.

PBGC filing addresses may change from time to time. Use the most current addresses for paper filings, even for prior year filings (such as amended filings).

Contents

Part A INTRODUCTION AND DEFINITIONS

1. What's New

Flat-rate premium

Under the Deficit Reduction Act of 2005 ("DRA 2005"), the flat-rate premium is adjusted each year to track inflation. For plan years beginning in 2007, the inflation-adjusted per-participant flat-rate premium is $31 for single-employer plans and $8 for multiemployer plans. Note that if you made a 2007 estimated flat-rate premium filing for a large single-employer plan using the 2006 flat rate of $30 per participant, you should make an amended estimated filing as soon as possible to bring your estimated payment up to the new $31 level.

Variable-rate premium computation

Under the Pension Protection Act of 2006 ("PPA 2006"), the Required Interest Rate for plan years beginning in 2006 and 2007 is based on the annual rate of interest determined by the Secretary of the Treasury on amounts invested conservatively in long-term investment-grade corporate bonds, rather than the annual yield on 30-year Treasury securities. (The use of the corporate bond rate instead of the 30-year Treasury rate was instituted by the Pension Funding Equity Act of 2004 ("PFEA"); the PFEA provision expired at the end of 2005, but was extended to the end of 2007 by PPA 2006.)

ERISA section 4006(a)(3)(E)(iii)(II) and (III) provides that when new mortality tables for calculating current liability become applicable to a plan, two changes occur to the assumptions and methods for determining unfunded vested benefits for purposes of the variable-rate premium:

- The "applicable percentage" that is used to determine the Required Interest Rate (used to value benefits) increases from 85 to 100 percent. Under PPA 2006, the Required Interest Rate is the "applicable percentage" of the annual rate of interest determined by the Secretary of the Treasury on amounts invested conservatively in long-term investment-grade corporate bonds for the calendar month preceding the calendar month in which the premium payment year begins.
- The fair market value of plan assets, rather than the actuarial value of assets, must be used.

In a final rule published February 2, 2007, in the Federal Register (72 FR 4955), the Internal Revenue Service established new mortality tables for calculating current liability for plan years beginning after 2006. Therefore, computation of the variable-rate premium for the 2007 plan year must reflect these two changes. However, most plans will not use the new mortality tables themselves to determine 2007 premiums. That is because premiums are calculated as of the premium snapshot date, which for most plans is the last day of the 2006 plan year. The old mortality tables were still in effect for plan years beginning in 2006. Plans with premium snapshot dates that fall in plan years beginning in 2007 (such as new plans) will use the new tables.

Electronic filing

On June 1, 2006 (at 71 FR 31077), PBGC published a final rule making electronic filing mandatory for all plans beginning with the 2007 plan year. (The final rule also made e-filing mandatory for 2006 filings after June 2006 for large plans only.) See PBGC's Web site (www.pbgc.gov) for the text of the final rule and for electronic premium filing instructions. See Part G of this booklet for a description of electronic filing procedures. PBGC may grant exemptions from the electronic filing requirement for good cause in appropriate circumstances (see Part B.3. of this booklet). Failure to file electronically without an exemption is subject to penalty under ERISA section 4071.

Because e-filing is mandatory, no paper forms are provided with this booklet, and these instructions are not keyed to item numbers on paper forms. But in order to make the instructions easier for you to follow, we have retained the grouping and order of instructions that was used in the past for paper forms. (If you make a paper premium filing, you must use PBGC forms that can be downloaded from PBGC's Web site or obtained by contacting us as described in item 4. under "CONTACTS" on p. ii. You must indicate on your paper form whether PBGC has granted the plan an exemption from electronic filing. If not, you must attach an explanation.)

PBGC's electronic filing application, called My Plan Administration Account (My PAA), offers three alternative methods for electronic filing. One method provides data entry and editing screens in My PAA to electronically create a filing, route it to others for review and e-signature, notify each other of the next required action, and track the filing's progress through submission to PBGC. A second method provides an "import" feature with which you can create a filing using compatible private-sector software and then "import" the filing into My PAA's data entry and editing screens for editing, review, e-signature, and submission to PBGC. Finally, there is an "upload" feature that enables you to electronically submit filings created with compatible private-sector software.

With any of these methods, electronic receipts confirming receipt by PBGC are provided upon submission and payments can be sent via My PAA (ACH, electronic check, or credit card) or separately by paper check or wire transfer. In addition, use of My PAA's premium information editing screens enables you to share electronic access to filings (which eliminates manual routing and mailing) and facilitates e-mail notification of required actions to other e-filing team members. To use My PAA, view its features, or get updated information about e-filing procedures, go to PBGC's home page (www.pbgc.gov), click on the "Practitioners" tab and then click on "Online premium filing (My PAA)" under the "Premium filings" heading. We encourage you to prepare for premium e-filing by setting up your My PAA account (your user ID and password) as soon as possible.

Variable-rate premium cap

Under PPA 2006, the variable-rate premium is capped (starting in 2007) for plans of certain small employers. Employer size is determined by counting employees of all contributing sponsors and their controlled group members as of the first day of the premium payment year. The employee count must be 25 or less to qualify for the cap. PBGC plans to provide further guidance on this new rule; check PBGC's Web site for more details before you file.

Termination premium

DRA 2005 created a new plan termination premium (generally $1,250 per participant), payable for three years following certain distress and involuntary plan terminations. The instructions in this booklet do not cover the new termination premium. See PBGC's Web site for information about the termination premium.

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2. Introduction

Payment of premiums to the Pension Benefit Guaranty Corporation (PBGC) is required by sections 4006 and 4007 of the Employee Retirement Income Security Act of 1974 (ERISA), and PBGC's premium regulations (29 CFR Parts 4006 and 4007). There are two kinds of annual premiums: the flat-rate premium, which applies to all plans, and the variable-rate premium, which applies only to single-employer plans.

Every covered plan under section 4021 of ERISA must make a premium filing each year, typically in the tenth month of the year. Large plans (those with 500 or more participants for the prior plan year) must pay the flat-rate premium earlier in the year. Electronic filing is mandatory for all plans for plan years beginning after 2006. E-filing is also mandatory for premium filings for the 2006 plan year made on or after July 1, 2006, for large plans (plans that were required to pay premiums for 500 or more participants for the plan year preceding the premium payment year). (See Part G of this booklet). PBGC may grant exemptions from the electronic filing requirement for good cause in appropriate circumstances (see Part B.3. of this booklet).

This booklet contains filing instructions for plans paying final premiums for 2007. (Filing instructions for large plans paying an estimate of the flat-rate premium are contained in a separate booklet.) My PAA's data entry and editing screens also provide instructions.

Your premium filing will be considered improper if it is not made in accordance with the premium regulations and instructions, if you do not make any required premium payment, or if your filing is otherwise incomplete.

Subparts 3 through 9 of this Part A tell you the definitions of special terms that are used in these instructions.

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3. Definitions Relating to Laws

"**ERISA**" means the Employee Retirement Income Security Act of 1974, as amended (29 U.S.C. 1001 et seq.).

"**Code**" means the Internal Revenue Code of 1986, as amended.

"**Premium regulations**" means PBGC's regulations on Premium Rates and Payment of Premiums (29 CFR Parts 4006 and 4007). The premium filing procedures (including the My PAA electronic filing application, paper instructions, and forms) are prescribed under and implement the premium regulations.

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4. Definitions Relating to Parties

"**We**" or "**us**" refers to Pension Benefit Guaranty Corporation.

"**You**" or "**your**" refers to the administrator of a pension plan.

"**Plan sponsor**" is determined as follows:

For a single-employer plan with one contributing sponsor, the plan sponsor is the contributing sponsor.

For a single-employer plan with two or more contributing sponsors that are all in a single controlled group, the plan sponsor is the parent of the controlled group or, if there is no parent, the largest member of the controlled group (whether or not the parent or largest member is a contributing sponsor).

For a single-employer plan with two or more contributing sponsors that are not all in a single controlled group, first identify the controlled group, or contributing sponsor that is not in a controlled group, that has the most participants in the plan. If you identify a contributing sponsor that is not in a controlled group, the plan sponsor is that contributing sponsor. But if you identify a controlled group, then the plan sponsor is the parent of that controlled group or, if there is no parent, the largest member of that controlled group (whether or not the parent or largest member is a contributing sponsor).

For a multiemployer plan, the plan sponsor is the association, committee, joint board of trustees, or other entity that establishes or maintains the plan.

"**Plan administrator**" means:
a. the person specifically so designated by the terms of the instrument under which the plan is operated; or
b. if an administrator is not so designated, the plan sponsor.

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5. Definitions Relating to Forms, E-Filing, and Identifying Numbers

NOTE: Premium filings must be made electronically. However, if you are granted an exemption from electronic filing, and you make a paper filing, you must use PBGC forms that can be downloaded from PBGC's Web site or obtained by contacting PBGC as described in item 4. under "CONTACTS" on p. ii.

"**Form 1**" means PBGC's Annual Premium Payment Form 1 and includes, for single-employer plans, the Schedule A.

"**Form 1-EZ**" means PBGC's Annual Premium Payment Form 1-EZ for Single-Employer Plans Exempt from the Variable-Rate Premium.

"**Form 1-ES**" means PBGC's Estimated Premium Payment Form 1-ES for estimating the flat-rate premium for certain large single-employer plans and the total premium for certain large multiemployer plans.

"**Schedule A**" means the schedule to PBGC's Form 1 for use by single-employer plans that are not exempt from the variable-rate premium to report unfunded vested benefits and compute the variable-rate premium.

"**Form 5500 series**" means Form 5500, Annual Return/Report of Employee Benefit Plan, jointly developed by the Internal Revenue Service, the Department of Labor, and PBGC. (Copies of this form may be obtained from the Internal Revenue Service or the Department of Labor.)

"**Schedule B**" means Schedule B to the Form 5500 series.

"**My PAA**" means "My Plan Administration Account," PBGC's electronic premium filing application, available through PBGC's Web site (www.pbgc.gov).

"**EIN**" means Employer Identification Number. It is always a 9-digit number assigned by the Internal Revenue Service for tax purposes.

"**PN**" means Plan Number. This is always a 3-digit number. The employer maintaining the plan assigns this number to distinguish among employee benefit plans established or maintained by the same employer. An employer usually starts numbering pension plans at "001" and uses consecutive Plan Numbers for each additional plan. Once a PN is assigned, always use it to identify the same plan. If a plan is terminated, retire the PN — do not use it for another plan.

"**CUSIP number**" means a nine-digit number assigned to the publicly traded securities of a plan sponsor (or member of the plan sponsor's controlled group) under the securities numbering system of the Committee on Uniform Securities Identification Procedures. The first six digits of the CUSIP number identify the securities issuer, the next two digits identify the specific securities issue, and the last digit is a check digit.

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6. Definitions Relating to Dates

"**Premium payment year**" means the plan year for which the premium is being paid.

"**Premium Snapshot Date**" means the last day of the plan year preceding the premium payment year (*e.g.*, December 31, 2006, for a calendar year plan's 2007 premium payment year) except as follows:

a. For a new plan or newly covered plan, the premium snapshot date is the first day of the premium payment year, or the first day the plan became effective for benefit accruals for future service, if that is later.

(If a newly created plan covered under section 4021 of ERISA is adopted retroactively (*i.e.*, the adoption date of the plan is after its effective date), either the adoption date or the effective date may be used as the premium snapshot date. However, whatever date is used as the premium snapshot date must also be considered the first day of the plan year for other purposes — for prorating the premium (if you prorate), for determining the premium due date, and for determining the Required Interest Rate. Thus, if you determine the plan's Final Filing Due Date as the 15th day of the 10th full calendar month that begins on or after the first day of the premium payment year (*i.e.*, under B.2.b.(i), p. 8), you must use the first day of the premium payment year as the premium snapshot date. Similarly, if you prorate the plan's first-year premium, you must use the premium snapshot date as the first day of the plan year (see B.5., p. 13).)

b. If the plan is the transferee plan in a merger or the transferor plan in a spinoff to a new plan and the transaction meets the conditions described in (i) and (ii) below, the premium snapshot date is the first day of the premium payment year. A plan merger or spinoff (as defined in the regulations under section 414(*l*) of the Code) is covered by this rule if —

(i) a merger is effective on the first day of the transferee (the continuing) plan's plan year, or a spinoff is effective on the first day of the transferor plan's plan year, and

(ii) the merger or spinoff is not *de minimis*, as defined in the regulations under section 414(*l*) of the Code with respect to single-employer plans, or in PBGC's regulation under ERISA section 4231 (29 CFR Part 4231) with respect to multiemployer plans.

The following examples illustrate the determination of the premium snapshot date. Examples 1 and 2 illustrate the usual rule (where the premium snapshot date is the last day of the plan year preceding the premium payment year). Examples 3 and 4 illustrate the situation for a new plan (where the premium snapshot date is the first day of the premium payment year, or the first day the plan became effective for benefit accruals for future service, if that is later). Examples 5 and 6 illustrate the situation for plans involved in certain mergers and spinoffs (where the premium snapshot date is the first day of the premium payment year).

Example 1 An ongoing plan has a plan year beginning September 1, 2007, and ending August 31, 2008. The premium snapshot date is August 31, 2007.

Example 2 An ongoing plan changes its plan year from a calendar year to a plan year that begins June 1, effective June 1, 2007. For the plan year beginning January 1, 2007, the premium snapshot date is December 31, 2006. For the plan year beginning June 1, 2007, the premium snapshot date is May 31, 2007.

Example 3 A new calendar-year plan is adopted December 10, 2006, effective January 1, 2007. The premium snapshot date is January 1, 2007.

Example 4 A new calendar-year plan is adopted February 18, 2007, retroactively effective as of January 1, 2007. The plan administrator may select either January 1 or February 18, 2007, as the premium snapshot date; the date selected must also be used for purposes of prorating the premium for the plan's first year.

Example 5 Plan A has a calendar plan year and Plan B has a July 1 - June 30 plan year. Effective January 1, 2007, Plan B merges into Plan A (and the merger is not *de minimis*). Plan A's premium snapshot date is January 1, 2007. (Since Plan B did not exist at any time during 2007, it does not owe a premium for the 2007 plan year.)

Example 6 Plan A has a calendar plan year. Effective January 1, 2007, Plan A spins off assets and liabilities to form a new plan, Plan B (and the spinoff is not *de minimis*). Plan A's premium snapshot date is January 1, 2007. (Plan B's premium snapshot date also is January 1, 2007, since it is a new plan that became effective on that date.)

"**First Filing Due Date**" means the date by which the flat-rate premium must be paid by a plan whose participant count for the prior year was 500 or more. For most plans, it is the last day of the 2nd full calendar month following the close of the preceding plan year (the last day of February for calendar-year plans). A different rule applies for plans changing plan years. For more details, see B.2.a. (p. 8) and B.2.c. (p. 9).

"**Final Filing Due Date**" means the date by which:

a. Flat-rate premiums must be paid by plans to which the First Filing Due Date doesn't apply,

b. Variable-rate premiums must be paid by all single-employer plans, and

c. Flat-rate reconciliation filings (if necessary) must be made by plans to which the First Filing Due Date applies.

For most plans, the Final Filing Due Date is the 15th day of the 10th full calendar month following the end of the plan year preceding the premium payment year (October 15 for calendar-year plans). Different rules apply for plans filing for the first time or changing plan years. For more details, see B.2.a. (p. 8), B.2.b. (p .8), and B.2.c. (p. 9).

"**Filing Due Date**" means either the First Filing Due Date or the Final Filing Due Date.

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7. Definitions Relating to Premium Computations

"**Flat-rate premium**" means the portion of the premium determined by multiplying the flat premium rate by the number of participants in the plan on the premium snapshot date. The per-participant flat premium rate for plan years beginning in 2007 is $31 for single-employer plans and $8 for multiemployer plans.

"**Variable-rate premium**" means the portion of the single-employer premium based on a plan's unfunded vested benefits. The assumptions used to determine unfunded vested benefits have changed for 2007 — see Part E. The variable-rate premium for plan years beginning in 2007 is $9 for every $1,000 (or fraction thereof) of unfunded vested benefits, subject to a cap for plans of certain small employers (as explained in part E).

"**Participant**" in a plan means an individual (whether active, inactive, retired, or deceased) with respect to whom the plan has benefit liabilities.

a. *Benefit liabilities* are all liabilities with respect to employees and their beneficiaries under the plan (within the meaning of Code section 401(a)(2)). Thus, benefit liabilities include liabilities for all accrued benefits, whether or not vested. In addition, a plan's benefit liabilities include liabilities for ancillary benefits not directly related to retirement benefits, such as disability benefits not in excess of the qualified disability benefit, life insurance benefits payable as a lump sum, incidental death benefits, or current life insurance protection. (See Treasury Regulation § 1.411(a)-7(a)(1).)

b. An individual is not counted as a participant after all benefit liabilities with respect to the individual are distributed through the purchase of irrevocable commitments from an insurer or otherwise. In addition, a non-vested individual is not counted as a participant after (1) a deemed "zero-dollar cashout," (2) a one-year break in service under plan rules, or (3) death.

i. *Cashouts.* If the plan has a separate cashout provision for zero benefits, terminated non-vested participants are deemed to be cashed out as of the date specified in the deemed cashout provision or, if no date is specified, as of the employment termination date. If the plan provides that zero benefit amounts will be deemed to be paid as soon as possible, terminated non-vested participants also will be deemed to be cashed out as of the employment termination date.

If the plan does not have a separate cashout provision for zero benefits but does have a mandatory cashout of small benefit amounts (*e.g.*, benefits less than $5,000), terminated non-vested participants are deemed to be cashed out in the same manner as terminated vested participants. If the plan is silent as to the timing of actual cashouts of terminated vested participants, the plan is deemed to read "as soon as practicable" and the terminated non-vested participants are deemed to be cashed out immediately upon termination of employment. If the plan specifies a date as of which actual cashouts of terminated vested participants take place (*e.g.*, on the first day of the next month), that rule also would apply to deemed cashouts of terminated non-vested participants. These rules do not apply if, despite plan language, the plan has an obvious pattern or practice of delaying distributions for long periods of time.

For example, suppose a calendar-year plan provides that if a participant terminates employment and the participant's vested benefit has a value of less than $5,000, the plan will pay the vested benefit to the participant in a lump sum as of the first of the month following termination of employment. Suppose further that no plan provisions specifically address payment of benefits upon termination of employment by non-vested participants. If a participant with a non-vested accrued benefit terminates employment on December 15, 2006, the participant will be included in the participant count as of December 31, 2006 (because the cashout is deemed to occur on January 1, 2007, the first of the month following termination of employment). If, as is typically the case for a calendar year plan, the plan's premium snapshot date for 2007 is December 31, 2006, a flat-rate premium must be paid for this participant for 2007.

ii. *Breaks in service.* A terminated non-vested individual ceases to be a participant for premium purposes when the individual incurs a one-year break in service under the plan, regardless of the length of the individual's absence from employment. For example, suppose that a calendar-year plan provides that a participant who performs 500 or fewer hours of service in a service computation period incurs a one-year break in service for that computation period. An individual might incur a one-year break in service under the plan before December 31, 2006 (the premium snapshot date for the 2007 premium) if the individual left employment on February 1, 2006, and did not perform more than 500 hours of service during a computation period ending on November 30, 2006, even though December 31, 2006, comes before the first anniversary of the individual's separation from employment. This individual would not be included in the participant count for 2007.

If a non-vested individual incurs a break in service in a service computation period that coincides with the plan year preceding the premium payment year, we treat the individual as not being a participant for purposes of determining the premium for the premium payment year. For example, suppose a calendar-year hours-of-service plan requires more than 500 hours of service in a service computation period to avoid a break in service, and a non-vested participant in the plan earns 440 hours of service in the service computation period ending December 31, 2006. PBGC would treat the individual as not being a participant for purposes of the plan's 2007 premium. (For more detail, see the amendment to the premium regulations' definition of "participant," published in the Federal Register on December 1, 2000, at 65 FR 75160.)

c. *Beneficiaries and alternate payees.* Beneficiaries and alternate payees are not counted as participants. However, a deceased participant will continue to be counted as a participant if there are one or more beneficiaries or alternate payees who are receiving or have a right to receive benefits earned by the participant.

"**Significant Event**" means any of the following events:

(1) an increase in the plan's actuarial costs (consisting of the plan's normal cost under section 412(b)(2)(A) of the Code, amortization charges under section 412(b)(2)(B) of the Code, and amortization credits under section 412(b)(3)(B) of the Code) attributable to a plan amendment, unless the cost increase attributable to the amendment is less than 5 percent of the actuarial costs determined without regard to the amendment;
(2) the extension of coverage under the plan to a new group of employees resulting in an increase of 5 percent or more in the plan's liability for accrued benefits;
(3) a plan merger, consolidation, or spinoff that is not *de minimis* pursuant to the regulations under section 414(*l*) of the Code;
(4) the shutdown of any facility, plant, store, etc., that creates immediate eligibility for benefits that would not otherwise be immediately payable for participants separating from service;
(5) the offer by the plan for a temporary period to permit participants to retire at benefit levels greater than that to which they would otherwise be entitled;
(6) a cost-of-living increase for retirees resulting in an increase of 5 percent or more in the plan's liability for accrued benefits; and
(7) any other event or trend that results in a material increase in the value of unfunded vested benefits.

"**Required Interest Rate**" is the "applicable percentage" (currently 100 percent) of the annual rate of interest determined by the Secretary of the Treasury on amounts invested conservatively in long-term investment-grade corporate bonds for the calendar month preceding the calendar month in which the premium payment year begins. (The "applicable percentage" became 100 percent for plan years that begin after 2006 because the IRS has issued new mortality tables under ERISA section 302(d)(7)(C)(ii)(II) and Code section 412(*l*)(7)(C)(ii)(II) that apply to plan years beginning after 2006. The IRS rule was published in the Federal Register on February 2, 2006 (at 72 FR 4955). Under the provisions of the Pension Protection Act of 2006, the "applicable percentage" is applied to the bond rate rather than the 30-year Treasury rate.)

On or about the 15th of each month, PBGC publishes in the Federal Register a list of the Required Interest Rates for the preceding 12 months. In addition, for your convenience, the Required Interest Rate is posted on PBGC's Web site. The Required Interest Rate also can be obtained by calling (202) 326-4041.

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8. Definitions Relating to Plan Types

For purposes of determining whether a plan is a multiemployer plan or a single-employer plan, all trades or businesses (whether or not incorporated) that are under common control are considered to be one employer.

"**Multiemployer plan**" (subject to the provisions of ERISA sections 3(37)(E) and (G) and 4303, dealing with elections to be treated or not to be treated as a multiemployer plan) means a plan —

a. to which more than one employer is required to contribute,

b. which is maintained pursuant to one or more collective bargaining agreements between one or more employee organizations and more than one employer, and

c. which satisfies such other requirements as the Secretary of Labor may prescribe by regulation.

“**Single-employer plan**” means any plan that is not a multiemployer plan. A single-employer plan includes a “multiple employer” plan.

“**Multiple employer plan**” means a plan —
a. to which more than one employer contributes, and
b. that is not a multiemployer plan.

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9. Definitions Relating to Plan Transactions

Plan “**mergers**” and plan “**consolidations**” are transactions in which one or more transferor plans transfer all of their assets and liabilities to a transferee plan and disappear (because they become part of the transferee plan). However, there are important differences between the two kinds of transactions. In a merger, the transferee plan is one that existed before the transaction. In a consolidation, the transferee plan is a new plan that is created in the consolidation. Thus, the plan that exists after a consolidation follows the premium filing rules for new plans. In particular, it need not pay the flat-rate premium by the First Filing Due Date (no matter how many participants any of the transferor plans had for the prior year(s)) and its Final Filing Due Date is subject to the special rules for new plans. On the other hand, the transferee plan in a merger follows the normal rules for preexisting, ongoing plans.

In a “**spinoff**,” the transferor plan transfers only part of its assets and/or liabilities to the transferee plan. The transferee plan may be a new plan that is created in the spinoff, or it may be a preexisting plan that simply receives part of the assets and/or liabilities of the transferor plan.

1. Who Must File

a. All Covered Plans Must File

The plan administrator of each covered pension plan under section 4021 of ERISA is required annually to file the prescribed premium information and pay the premium due in accordance with PBGC's premium regulations and instructions. Most private-sector defined benefit plans that meet tax qualification requirements are covered. If you are uncertain whether your plan is covered under section 4021, you should promptly request a coverage determination. Contact us as described in item 6. under "CONTACTS" on p. ii.

A request for a coverage determination does not extend the due date for any premium that is finally determined to be due.

If your plan is covered under section 4021 of ERISA, you must make a premium filing even if no premium is owed. This may happen if your plan is a new plan that grants no past service credits, so that there are no benefit liabilities on the premium snapshot date. (A plan with no benefit liabilities has no participants for premium purposes (see the instructions for the participant count in Parts C and D) and no unfunded vested benefits.) The premium filing certifies that there are no participants and that no premium is owed.

b. One Plan, Or More Than One?

If several unrelated employers participate in a program of benefits wherein the funds attributable to each employer are available to pay benefits to all participants, then there is a single multiemployer or multiple-employer plan and the plan administrator must file and pay premiums for the plan as a whole. Separate filings and premiums cannot be submitted for each individual employer.

If several employers participate in a program of benefits wherein the funds attributable to each employer are available only to pay benefits to that employer's employees, then there are several plans (one for each employer) and the plan administrator must file and pay premiums separately for the plan of each individual employer.

If separate plans are maintained for different groups of employees, regardless of whether each has is maintained by the same employer or by employers that are part of the same controlled group, then the plan administrator(s) must file and pay premiums separately for each plan.

c. When Filing Obligation Ceases

You must continue to make premium filings and pay premiums through and including the plan year in which any of the following occurs:

i. Plan assets are distributed in satisfaction of all benefit liabilities pursuant to the plan's termination. (For rules on exemption from the variable-rate premium for terminating plans that have not yet distributed assets, see Part C, p. 22.)

ii. A trustee is appointed for the plan under ERISA section 4042.

iii. The plan disappears by transferring all its assets and liabilities to one or more other plans in a merger or consolidation.

iv. The plan ceases to be a covered plan under section 4021 of ERISA. If this happens, notify us promptly to let us know that we should not expect further premium filings for your plan.

If a plan terminates and a new plan is established, premiums are due for the terminated plan as described above, and premiums are also due for the new plan from the first day of its first plan year (see B.2.b., p. 8).

Example 1 A calendar year plan terminates in a standard termination with a termination date of September 30, 2006. On April 7, 2007, assets are distributed in satisfaction of all benefit liabilities. Since the terminating plan is undergoing a standard termination, no trusteeship is involved. The plan administrator must file and make the premium payments due for the 2006 and 2007 plan years. (The 2007 premium may be prorated. See B.5., p. 13.)

Example 2 A plan with a plan year beginning July 1 and ending June 30 terminates in a distress termination with a termination date of April 28, 2007. On July 7, 2007, a trustee is appointed to administer the plan under ERISA section 4042. Premium filings and payments must be made for this plan for both the 2006 and 2007 plan years, because a trustee was not appointed until after the beginning of the 2007 plan year. (The 2007 premium may be prorated. See B.5., p. 13.)

2. When to File

NOTE: For disaster relief, see the instructions on information to report regarding disaster relief in Parts C and D.

a. Filing Dates For Most Plans

There are two Filing Due Dates — the First Filing Due Date and the Final Filing Due Date.

For most plans:

i. The "**First Filing Due Date**" is the last day of the 2nd full calendar month in the plan year (*e.g.*, the last day of February for calendar-year plans), and

ii. The "**Final Filing Due Date**" is the 15th day of the 10th full calendar month in the plan year (*e.g.*, October 15 for calendar-year plans).

There are special due date rules for plans filing for the first time (see B.2.b., p. 8) and plans changing plan years (see B.2.c., p. 9).

The First Filing Due Date applies only to the flat-rate premium filings for certain large plans. Whether you need to make a flat-rate premium filing and payment by the First Filing Due Date depends on the number of plan participants for whom you were required to pay premiums for the plan year preceding the premium payment year (*i.e.*, for 2007 premiums, the 2006 participant count).

Plans that were required to pay premiums for 500 or more participants for the preceding plan year must pay the flat-rate premium (or an estimate) with required information by the First Filing Due Date. If an estimated filing is made, or if the plan's total premium is not paid in full, the plan must make a final (reconciliation) filing with any required payment by the Final Filing Due Date. Only the flat-rate premium is due by the First Filing Due Date; the variable-rate premium for single-employer plans is due by the Final Filing Due Date. For large multiemployer plans (which pay only the flat-rate premium), the entire premium is due by the First Filing Due Date.

Example A new calendar-year plan was adopted and effective on January 1, 2006, and had 650 participants on that date. Since the plan was not required to pay premiums for 2005 (because it was not in existence then), it was not required to pay its 2006 flat-rate premium by the First Filing Due Date in 2006 (February 28, 2006). It was required to pay its 2006 flat-rate and variable-rate premiums by the 2006 Final Filing Due Date (October 16, 2006). As a new plan, its 2006 premium snapshot date was January 1, 2006 (the first day of the plan year). The 2006 flat-rate premium was based on a participant count of 650 as of January 1, 2006.

The number of participants decreases during 2006, and the participant count on December 31, 2006, is 450. For 2007, the participant count (450) is determined as of December 31, 2006, the plan's 2007 premium snapshot date. The plan must pay a flat-rate premium for 450 participants by the First Filing Due Date (February 28, 2007) because it was required to pay premiums for 650 participants for the preceding year (2006), determined as of January 1, 2006, its 2006 premium snapshot date.

A plan required to pay premiums for fewer than 500 participants for the preceding year is required to make its premium filing and pay the entire premium due by the Final Filing Due Date.

The following table shows the Filing Due Dates for most plans for the 2007 premium payment year.

2007
Filing Due Dates

Premium Payment Year Begins	First Filing Due Date	Final Filing Due Date
01/01/2007	02/28/2007	10/15/2007
01/02 - 02/01/2007	04/02/2007*	11/15/2007
02/02 - 03/01/2007	04/30/2007	12/17/2007*
03/02 - 04/01/2007	05/31/2007	01/15/2008
04/02 - 05/01/2007	07/02/2007*	02/15/2008
05/02 - 06/01/2007	07/31/2007	03/17/2008*
06/02 - 07/01/2007	08/31/2007	04/15/2008
07/02 - 08/01/2007	10/01/2007*	05/15/2008
08/02 - 09/01/2007	10/31/2007	06/16/2008*
09/02 - 10/01/2007	11/30/2007	07/15/2008
10/02 - 11/01/2007	12/31/2007	08/15/2008
11/02 - 12/01/2007	01/31/2008	09/15/2008
12/02 - 12/31/2007	02/29/2008	10/15/2008

* **NOTE**: *If your filing is not made by this date, penalty and interest will be calculated from the last day of the month (for large plans' flat-rate premium payments) or the 15th of the month (for other premium payments) rather than the following business day — e.g., from Saturday 12/15/2007 rather than Monday 12/17/2007, or from Saturday 3/31/2007 rather than Monday 4/2/2007.*

b. Plans Filing For The First Time

New and newly covered plans do not pay an estimated premium by the First Filing Due Date.

For a plan filing for the first time, the "**Final Filing Due Date**" is the latest of the following dates:

(i) The 15th day of the 10th full calendar month in the premium payment year,

(ii) The 15th day of the 10th full calendar month that begins on or after the day on which the plan became effective for benefit accruals for future service,

(iii) 90 days after the date of the plan's adoption, or

(iv) 90 days after the date on which the plan became covered under ERISA section 4021.

If the adoption date of a newly created plan covered under section 4021 of ERISA is after its effective date (*i.e.*, the plan is adopted retroactively), the first day of the premium payment year that you use for purposes of paragraph (i) above must also be used as the premium snapshot date.

The following examples show how the definition of the Final Filing Due Date works for plans filing for the first time.

Example 1 A new plan has a calendar plan year. The plan was adopted October 1, 2006, and became effective for benefit accruals January 1, 2007. The Final Filing Due Date for the 2007 plan year is October 15, 2007.

Example 2 A new plan is adopted on December 1, 2007, and has a July 1 - June 30 plan year. The plan became effective for benefit accruals for future service on December 1, 2007. The Final Filing Due Date for the plan's first year, December 1, 2007, through June 30, 2008, is September 15, 2008. (The 2007 premium may be prorated. See B.5., p. 13.)

Example 3 A newly created plan covered under section 4021 of ERISA has a calendar plan year. The plan was adopted on September 18, 2007, with a retroactive effective date of January 1, 2007. If the plan administrator elects to use January 1, 2007, as the premium snapshot date, the Final Filing Due Date for the 2007 plan year is December 17, 2007 (90 days after the date of the plan's adoption). If the plan administrator elects to use September 18, 2007, as the premium snapshot date, the Final Filing Due Date for the 2007 plan year is July 15, 2008 (the 15th day of the tenth full calendar month that begins on or after September 18, 2007, the first day of the premium payment year). (If September 18, 2007, is used as the first day of the premium payment year, the premium for the short plan year may be prorated. See B.5., p. 13.)

Example 4 A professional service employer maintains a plan with a calendar plan year. If this type of plan has never had more than 25 active participants since September 2, 1974, it is not a covered plan under ERISA section 4021. On October 18, 2007, the plan, which always had 25 or fewer active participants, has 26 active participants. It is now a covered plan and will continue to be a covered plan regardless of how many active participants the plan has in the future. The Final Filing Due Date for the 2007 plan year is January 16, 2008, 90 days after the date on which the plan became covered. (The premium for the short plan year may be prorated. See B.5., p. 13.)

c. Plans Changing Plan Years

For a plan that changes its plan year, the Filing Due Dates for the short year are unaffected by the change in plan year. For the first plan year under the new plan year cycle:

(i) The "**First Filing Due Date**" is the later of the last day of the 2nd full calendar month following the close of the preceding plan year, or 30 days following the date on which a plan amendment changing the plan year was adopted, and

(ii) The "**Final Filing Due Date**" is the later of the 15th day of the 10th full calendar month following the end of the plan year preceding the premium payment year, or 30 days after the date on which a plan amendment was adopted changing the plan year.

The following examples show how the definition of the Final Filing Due Date works for plans changing plan years.

Example 1 By plan amendment adopted on December 1, 2006, a plan changes from a plan year beginning January 1 to a plan year beginning June 1. This results in a short plan year beginning January 1, 2007, and ending May 31, 2007. The plan always has fewer than 500 participants. The Final Filing Due Date for the short plan year is October 15, 2007. The Final Filing Due Date for the new plan year beginning on June 1, 2007, is March 17, 2008. (The premium for the short plan year may be prorated. See B.5, p. 13.)

Example 2 By plan amendment adopted on January 7, 2008, and made retroactively effective to April 1, 2007, a plan changes from a plan year beginning on March 1 to a plan year beginning on April 1. The plan always has fewer than 500 participants. The Final Filing Due Date for the short plan year that began on March 1, 2007, is December 17, 2007. The Final Filing Due Date for the new plan year, which began April 1, 2007, is February 6, 2008, 30 days after the adoption of the plan amendment changing the plan year. (The premium for the short plan year may be prorated. See B.5, p. 13.)

Example 3 By plan amendment adopted on July 9, 2007, and made retroactively effective to May 1, 2007, a plan changes from a plan year beginning February 1 to a plan year beginning May 1. The plan always has 500 or more participants. The First Filing Due Date for the short plan year is April 2, 2007, and the Final Filing Due Date is November 15, 2007. The First Filing Due Date for the new plan year, which began May 1, 2007, is August 8, 2007, which is the later of the end of the second full calendar month after the close of the short plan year or 30 days after adoption of the plan amendment. The Final

Filing Due Date is February 15, 2008. (The premium for the short plan year may be prorated. See B.5, p. 13.)

d. Saturday, Sunday, And Federal Holiday

i. Filing Due Dates. In computing any period of time described in the premium regulations and these instructions, the day of the event or default from which the period of time begins to run is not counted. The last day of the period is counted, unless it falls on a Saturday, Sunday or Federal holiday, in which case the period runs until the end of the next day which is not a Saturday, Sunday, or Federal holiday.

Example Plans with plan years beginning on June 1, 2007, normally would have a Final Filing Due Date of March 15, 2008. Because that day is a Saturday, the due date is Monday, March 17, 2008.

ii. Interest and Penalty Charges. When computing late payment interest and penalty charges, Saturdays, Sundays, and Federal holidays are included.

e. Filing Method and Filing Date

Electronic premium filing is mandatory for all plans for the 2007 plan year. (Payment may be made by paper check if desired.) PBGC may grant an exemption from the requirement to make a premium filing electronically for good cause in appropriate circumstances. See B.3.g., below.

If you have an exemption from the electronic filing requirement for this filing, you may make a paper premium filing by hand, mail, or commercial delivery service, using PBGC forms that you can download from PBGC's Web site or obtain by contacting PBGC as described in item 4 under "CONTACTS" on p. ii. You can find detailed rules on filing methods and on how we determine your filing date (for electronic filings as well as for other filings) in Part 4000 of our regulations (available on PBGC's Web site, www.pbgc.gov).

f. Relationship Between Final Premium Filing And Annual Report (Form 5500 Series)

i. Due Dates. For most plans, the deadline for the final premium filing and the annual report (Form 5500 series) will coincide. This occurs when a corporate plan sponsor applies for the 2½-month extension for filing the annual report (Form 5500). Note: An extension of time to file the annual report (Form 5500 series) beyond the final premium filing deadline does not extend the Filing Due Dates for PBGC premiums.

Example A plan whose plan year begins February 1 has a Final Filing Due Date of November 15. The corporate plan sponsor applies for the 2½-month extension for filing the annual report (Form 5500). This would make the due date for the annual report (Form 5500 series) (which is normally August 31 for a plan whose plan year begins February 1) also November 15.

ii. Plan Years Covered By Filings. Although the filing deadlines for premiums and for the annual report (Form 5500 series) typically coincide, and the participant counts for premium purposes and for item 7 of the Form 5500 series are generally determined as of the same date (*i.e.*, the last day of the plan year preceding the year of the filing), there is a critical difference between the two filings. The premium filing is for the current plan year, and the annual report (Form 5500 series) is for the prior plan year. (For example, if the plan sponsor of a plan whose plan year begins February 1 applies for the 2½-month extension for filing the annual report (Form 5500), the 2007 final premium filing and 2006 annual report (Form 5500) must be filed by November 15, 2007.)

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3. What to File

a. General

Electronic filing is mandatory for all plans for 2007. (Payment may be made by paper check if desired.) PBGC may grant an exemption from the requirement to make a premium filing electronically for good cause in appropriate circumstances. See B.3.g., below.

This booklet describes the information you must report in your final premium filing. To make it easier for you to find the instructions about the information you need to submit, they are presented in the same groupings and in the same order that was used in prior years' booklets for PBGC paper forms. If you use My PAA's data entry and editing screens to prepare your filing, complete instructions about the information you must submit is available by clicking on the instructions link by each data field. The following table shows the Parts of this booklet that contain the instructions for each type of plan and filing:

Type of plan	Applicable Part(s)
Multiemployer plan	Part D (previously using Form 1 alone)
Single-employer plan that claims an exemption from the variable rate premium	Part C (previously using Form 1-EZ)
Single-employer plan that does not claim an exemption from the variable-rate premium (even if the variable-rate premium is zero)	Parts D and E (previously using Form 1 with Schedule A)

(The flat-rate premium for a plan that was required to pay premiums for 500 or more participants for the plan year preceding the premium payment year must be paid by the First Filing Due Date. These filings may be made on an estimated basis. If you know all the information needed to make a final filing before the First Filing Due Date, you may make a final filing instead of an estimated filing. If you make an estimated filing, you will still be required to make a final filing by the Final Filing Due Date.)

b. Cover letters

If you have an exemption from the e-filing requirement and you file on paper, your paper filing should be sent **without** a cover letter. If you need to submit additional information with your filing, it should be in an attachment.

c. Exemption From Variable-Rate Premium

A single-employer plan may claim an exemption from the variable-rate premium only if it meets the requirements for one of the exemptions described in Part C. Having a variable-rate premium of zero is not the same as being exempt from the variable-rate premium. To be exempt, the plan must meet the requirements for one of the exemptions. Briefly, the exemptions in Part C are for:

i. Plans with no vested participants;
ii. Section 412(i) plans;
iii. Fully funded small plans;
iv. Plans terminating in standard terminations; and
v. Plans at the full funding limit.

For a more complete description, see the instructions in Part C, p. 22.

d. Plans With A Variable-Rate Premium Of Zero That Also Qualify For An Exemption

If your single-employer plan has a variable-rate premium of zero and also qualifies for an exemption from the variable-rate premium, you may either file under Part C (claiming the exemption) or file under Parts D and E (reporting a variable-rate premium of zero). In general, it will be easier to file under Part C.

(For example, a new plan that has no benefit liabilities on the premium snapshot date will have no unfunded vested benefits and thus will also qualify for the exemption for plans with no vested participants and, if it is a small plan, for the exemption for fully funded small plans.)

e. How To Obtain Instructions

The easiest way to get the most current information and instructions for premium filings (both estimated and final) is to go to PBGC's Web site. In addition, if you use My PAA's data entry and editing screens to make your filing, instructions for each data item are available by clicking the instructions link by the item.

We will mail 2007 Instructions for Final Premiums and, as appropriate, 2007 Instructions for Estimated Premiums to the plan administrator of each ongoing plan for which a 2006 final premium filing was made, unless you have indicated that you do not want paper instructions sent to you. We mail these packages to the plan administrator's address shown in the 2006 final premium filing. Our target dates for mailing premium instructions are seven months before the expected Final Filing Due Date for final premium instructions and two months before the expected First Filing Due Date for estimated premium instructions.

It is your responsibility as plan administrator to obtain the necessary instructions and submit filings on time. (You should ensure that you maintain an updated address with PBGC so that we can mail premium instructions to you. See the instructions for information about the plan administrator in Part C or Part D, and B.6.e., p. 16.)

If you are a plan administrator and you do not receive final premium instructions and/or instructions for estimated premiums, or if you need extra copies, contact us as described in item 4. under "CONTACTS" on p. ii.

You may also obtain extra copies of the 2007 Instructions for Final Premiums and/or Instructions for Estimated Premiums from the Employee Benefits Security Administration of the U.S. Department of Labor (see addresses at the end of this Premium Payment Package).

f. Instructions (and Forms) for Prior Years

If you are filing for a previous year, you must follow the instructions for that year, and if you make a paper filing, you must use the prior year's form(s). Prior years' instructions and forms are available on PBGC's Web site (www.pbgc.gov). You may also obtain the instructions and form(s) by contacting us as described in item 4. under "CONTACTS" on p. ii or by using the order form at the end of this booklet. Paper forms that you file must have original signatures.

g. Exemption From the E-Filing Requirement

PBGC may grant an exemption from the electronic filing requirement for good cause in appropriate circumstances. PBGC will weigh each request for exemption on the basis of the particular facts and circumstances presented. In order to provide PBGC adequate time to review and respond to an exemption request, the request should be submitted as early as possible, preferably at least 60 days before the filing due date. If for some reason an exemption request is not submitted before the filing due date and a paper filing is made, an exemption request should accompany the paper filing.

If PBGC has granted you an exemption from electronic filing for the 2007 final premium declaration, you may make your filing on paper. You must file using PBGC forms that can be downloaded from PBGC's Web site or obtained from PBGC as described in item 4. under "CONTACTS" on p. ii. Follow the instructions in Part C or D for reporting that you have an exemption.

If you do not have an exemption but you choose to make a paper filing in anticipation of an exemption, you may make your filing on PBGC's paper forms, but you must report that you do not have an exemption, and you must provide an explanation. Either indicate when you submitted the exemption request to which PBGC has not yet responded, or attach your exemption request. If you do not receive the anticipated exemption, your paper filing will not satisfy the electronic filing requirement.

Failure to comply with the electronic filing requirement without an exemption is subject to penalty under section 4071 of ERISA.

Addresses for exemption requests (and for questions regarding exemption requests) and for paper forms are in item 4. under "CONTACTS" on page ii.

Addresses for paper filings and related premium payments are in item 3. under "CONTACTS" on page ii.

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4. Where to File

Electronic premium filing is done through PBGC's e-filing application, My PAA ("My Plan Administration Account"), which you access through PBGC's Web site, www.pbgc.gov. Although e-filing of premium information through My PAA is mandatory, premium payments may be made outside of My PAA if you choose. My PAA has instructions for payment both within My PAA and outside My PAA.

If you have an exemption from the e-filing requirement, and you choose to make a paper filing, the following instructions apply:

a. Where to Send Paper Filings.

i. *Mail Service*. Mail your paper premium filing with your premium payment (if you pay by check) to:

Pension Benefit Guaranty Corporation
Dept. 77430
P.O. Box 77000
Detroit, MI 48277-0430

Do not use this address for any purpose except to mail your premium filing and your premium payment check.

ii. *Delivery Service*. Alternatively, if you use a delivery service that does not deliver to a P.O. Box, your paper premium filing, along with your premium payment (if you pay by check), may be hand-delivered to:

Pension Benefit Guaranty Corporation
JPMorgan Chase Bank, N.A.
9000 Haggerty Road
Dept. 77430
Mail Code MI1-8244
Belleville, MI 48111

b. Where to Send Payments.

i. *Checks*. If you pay by check, write the EIN/PN and the date the premium payment year commenced (PYC) on the check and send the check with your premium filing to the applicable address above.

ii. *Electronic funds transfers*. If you pay by electronic funds transfer (ACH or Fedwire), make the transfer to:

JPMorgan Chase Bank, N.A.

ABA:	071000013
Account:	656510666
Beneficiary:	PBGC
Reference:	"EIN/PN: XX-XXXXXXX/XXX PYC: MM/DD/YY"

Report the EIN/PN and the date the premium payment year commenced (PYC) in the payment ID line of the electronic funds transfer in the format "EIN/PN: XX-XXXXXXX/XXX PYC: MM/DD/YY." Since we process these payments electronically, strict adherence to this format is required for accurate and timely application of your payment. Any deviation from the prescribed format may result in our sending you a bill for premium, interest, and penalty if our automated system cannot apply your payment.

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5. Prorating Your Premium

a. General. You are allowed to pay a prorated premium for certain short plan years:

- a short first year of a new or newly covered plan;
- a short year created by an amendment that changes the plan year (but note that an amendment is not considered to change the plan year if the plan merges into or consolidates with another plan or otherwise ceases its independent existence either during the short plan year or at the beginning of the full plan year following the short plan year);
- a short year created by distribution of plan assets pursuant to plan termination; or
- a short year created by the appointment of a trustee for a single-employer plan under ERISA section 4042.

The proration is based on the number of full and partial months in the short plan year. Alternatively, you may pay a full year's premium and either (1) request that PBGC compute and pay a partial refund or (2) claim a credit in the next year's premium filing. (No premium proration is allowed where a plan disappears by merger or consolidation into another plan or where a plan ceases to be a covered plan before the end of the plan year.) The short year need not have ended by the time you pay a prorated premium, but if the plan year turns out to be longer than you anticipated, you will have to make up any premium underpayment (which will be subject to interest and penalties).

b. How to prorate the premium yourself. To pay a prorated premium, you first determine the premium without proration, then subtract a credit that brings the premium down to the prorated amount:

(1) The total premium amount that you report must be calculated as if there were no short-year proration.

(2) To determine the proration credit for the short plan year, multiply the total premium by the following fraction:

$$\frac{\text{12 minus number of months in short year}}{12}$$

In determining the numerator of the fraction, any partial month in the short plan year must be counted as a full month. See Note — Counting Months for Proration, below. If the adoption date of a newly created plan covered under section 4021 of ERISA is after its effective date (*i.e.*, the plan is adopted retroactively), the premium snapshot date you use (*i.e.*, either the adoption date or the effective date) must be used as the first day of the premium payment year for purposes of determining the number of months in the plan's first year.

(3) The result from step (2) is your short-year credit. It is included in the "other credits" that you report.

(4) Subtracting the total credit (which includes the "other credits") from the total premium will have the effect of prorating the total premium.

For example, suppose your plan year has been changed by amendment from a calendar year to a year beginning July 15, effective July 15, 2007. Assume that your premium for the plan year beginning January 1, 2007, calculated as if there were no short-year proration, would be $11,400. This is the amount you would report as the total premium for the plan year beginning January 1, 2007. If you choose to prorate your premium for that year, you would determine your short-year credit by multiplying $11,400 by 5/12. (The number of full and partial months in your short year — *i.e.*, January through July of 2007 — is 7, so the numerator of the fraction is 5 — *i.e.*, 12 minus 7.) This gives you a short-year credit of $4,750 (for the five months of August through December of 2007), which you would report as "other credits" for the plan year beginning January 1, 2007. Assuming you have no other credits, you would pay $6,650 (*i.e.*, $11,400 minus $4,750).

Note — Counting Months for Proration

Each "plan month" (*i.e.*, each month in the plan year) generally begins on the same day of each successive calendar month. For example, if the plan year begins on July 1, the first day of each successive calendar month is the beginning of a new plan month; similarly, if the plan year begins on January 15, the second plan month begins on February 15, the third plan month on March 15, etc. Thus, if a short final year begins on January 1 and ends on June 1, there would be 6 (full or partial) months in the short year. (The last (partial) month, beginning (and ending) on June 1, would count as a full month for purposes of prorating the premium.) Similarly, if a short first year begins on July 31 and ends on December 31, there would also be six (full or partial) months in the short year.

There are two special rules when a plan year begins at or near the end of a calendar month:

- If the plan year begins on the last day of a calendar month, successive plan months begin on the last day of successive calendar months. For example, if the plan year begins on November 30, successive plan months begin on December 31, January 31, the last day of February (the 28th or 29th), March 31, etc.
- If the plan year begins on the 29th or 30th of a

calendar month other than February, the plan month beginning in February begins on the last day of February. For example, if the plan year begins on November 29, successive plan months begin on December 29, January 29, the last day of February (the 28th or 29th), March 29, etc. If the plan year begins on December 30, successive plan months begin on January 30, the last day of February (the 28th or 29th), March 30, April 30, etc.

c. How to request a partial refund. To request a partial refund, write promptly, under separate cover, to the address in item 4.a. or 4.b. under "CONTACTS" on p. ii. Enclose a copy of the premium information that you filed. We will calculate the amount of your refund. If you want your refund paid by electronic funds transfer, you must include the bank routing number and account number (and any sub-account number) with your request and indicate whether the account is a checking account or savings account.

d. For proration purposes, the short first year of a new plan is treated as beginning on the premium snapshot date, and the short first year of a newly covered plan is treated as beginning on the date when the plan becomes covered under section 4021 of ERISA.

e. For proration purposes, a terminating plan's final (short) plan year is treated as ending on —

i. for a multiemployer plan that distributed all its assets pursuant to section 4041A of ERISA, the date the distribution is completed; or

ii. for a single-employer plan, the earlier of the dates described in (1) and (2) below:

(1) the date on which the distribution of the plan's assets in satisfaction of all benefit liabilities was completed; or

(2) the date that a trustee for the terminating plan was appointed under ERISA section 4042.

f. Examples. The following examples illustrate the proration of premiums.

Example 1 A new plan is adopted on December 1, 2007, and has a July 1 - June 30 plan year. The plan became effective for benefit accruals for future service on December 1, 2007. The plan administrator may prorate the 2007 flat-rate premium and pay for only seven months (December 2007 - June 2008). Alternatively, the plan administrator may pay a full year's premium and either (1) claim a credit on the next year's premium filing or (2) request a refund for the period of July - November 2007.

Example 2 By plan amendment adopted on December 1, 2006, a plan changes from a plan year beginning January 1 to a plan year beginning June 1. This results in a short plan year beginning January 1, 2007, and ending May 31, 2007. The plan administrator may prorate the premium for the short plan year and pay for only five months (January - May 2007). Alternatively, the plan administrator may pay a full year's premium and either (1) claim a credit on the next year's premium filing or (2) request a refund for the period of June - December 2007.

Example 3 On October 15, 2007, the plan administrator of a calendar year plan pays the plan's premium for the plan year beginning January 1, 2007. The plan administrator expects a plan amendment to be adopted in November 2007, and made retroactively effective to February 1, 2007, changing from a plan year beginning on January 1 to a plan year beginning on February 1. In determining the premium for the plan year beginning January 1, 2007, the plan administrator may anticipate the adoption of the amendment and prorate the premium for the short plan year, paying for only one month (January 2007). (If the amendment is not adopted, an amended filing would have to be made, and the additional amount of premium owed would be subject to interest and penalty.) Alternatively, the plan administrator may pay a full year's premium and either (1) claim a credit on the next year's premium filing or (2) request a refund for the period of February - December 2007.

Example 4 By plan amendment adopted on June 5, 2007, and made retroactively effective to April 1, 2007, a plan changes from a plan year beginning January 1 to a plan year beginning April 1. The plan has a short year beginning January 1, 2007, and ending March 31, 2007. The plan administrator may prorate the premium for the short plan year and pay for only three months (January - March 2007). Alternatively, the plan administrator may pay a full year's premium and either (1) claim a credit on the next year's premium filing or (2) request a refund for the period of April - December 2007.

Example 5 A calendar year plan terminates in a standard termination with a termination date of September 30, 2006. On April 7, 2007, assets are distributed in satisfaction of all benefit liabilities. The plan has a short plan year ending April 7, 2007. The plan administrator may prorate the 2007 premium and pay for only four months of 2007. Alternatively, the plan administrator may pay a full year's premium and request a refund for the period of May - December 2007.

Example 6 A plan with a plan year beginning July 1 and ending June 30 terminates in a distress termination with a termination date of April 28, 2007. On July 7, 2007, a trustee is appointed to administer the plan under ERISA section 4042. The plan has a short plan year beginning July 1, 2007, and ending July 7, 2007. The 2007 premium may be prorated by taking a credit for 11/12 of the 2007 plan year (for the period of August 2007 - June 2008). Alternatively, a full year's premium may be paid and a refund requested for the period of August 2007 - June 2008.

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6. How to Correct a Filing

a. Making Payment Without Filing Information

If you sent in your payment without filing the related premium information, file the information as soon as possible to get proper credit for your payment.

b. Filing Information Without Making Required Payment

If you make a filing of premium information without making a required payment, send the payment as soon as possible to minimize late payment charges. If you make your payment by check, write the EIN/PN and the date the premium payment year commenced (PYC) on the check and send it to the address in item 3.a. or 3.b. under "CONTACTS" on p. ii. If you make your payment by electronic funds transfer, report the EIN/PN and the date the premium payment year commenced (PYC) in the payment ID line of the electronic funds transfer in the format "EIN/PN: XX-XXXXXXX/XXX PYC: MM/DD/YY" and make the transfer as described in item 3.d. under "CONTACTS" on p. ii.

c. Amended Filing — Premium Underpayment

If you discover after you have made your premium filing for 2007 that you have made an error in your participant count or in the calculation of the variable-rate premium due, you must make an amended filing following the 2007 filing instructions. (Underpayment in an earlier year must be corrected following the instructions for that specific year. See B.3.f., p. 12, for information on obtaining an earlier year's instructions (and, if applicable, forms).) Report in the amended filing that it is an amended filing. Report your corrected information, including the corrected total premium. Include in "other credits" the sum of the credits you previously claimed plus the amount you paid with your original filing. The amount due should equal the difference between the new total premium and the new total credit. Submit your amended filing with your payment.

d. Amended Filing — Premium Overpayment

If you discover after you have made your premium filing for 2007 that you overpaid your premium, follow the instructions in B.6.c. above, except that the difference between the new total premium and the new total credit should be reported as an overpayment. Also, you must indicate whether you want this amount refunded. If you want your refund paid by electronic funds transfer, you must provide the necessary information.

Note: If the overpayment shown on an amended filing (for any year) exceeds $500, provide an explanation of the specific circumstances or events that caused the overpayment and made the amended filing necessary. (For example, if your original filing's participant count included employees at a division that is not covered by the plan, you would explain why the employees were erroneously counted as participants and how the error was discovered.)

e. How To Correct An Address

See the instructions in Part C or Part D for reporting information about the plan sponsor and plan administrator if you need to correct your address or the plan sponsor's address and are doing so at the same time you are making your premium filing.

However, to keep our records current and to ensure that correspondence (including premium filing instructions) will be mailed to the correct address, you should provide us with your current address as soon as a change has occurred. You may do so by contacting us either in writing or by phone as described in item 4. under "CONTACTS" on p. ii.

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7. Underpayments And Overpayments

a. Underpayments

If you file a premium payment after the Filing Due Date, we will bill the plan for the appropriate Late Payment Charges. The charges include both interest and penalty charges. The charges are based on the outstanding premium amount due on the Filing Due Date. (PBGC also may assess penalties under section 4071 of ERISA for failure to provide premium-related information (see B.8., p. 18).)

i. Interest Charges

The Late Payment Interest Charge is set by ERISA, and we cannot waive it. Interest accrues at the rate imposed under section 6601(a) of the Code (the rate for late payment of taxes) and is compounded daily. The rate is established periodically (currently on a quarterly basis), and PBGC publishes the interest rates on or about the 15th of January, April, July, and October in the Federal Register. The rates are also posted on PBGC's Web site (www.pbgc.gov).

Late Payment Interest Charges will be assessed for any premium amount not paid when due, whether because of an error in an estimated participant count or other mistake in computing the premium owed.

ii. Penalty Charges

The Late Payment Penalty Charge is established by us, subject to ERISA's restriction that the penalty not exceed 100 percent of the unpaid premium amount. Subject to this cap, the penalty is a percentage of the unpaid amount for each month (or portion of a month) it remains unpaid with a minimum penalty of $25. The monthly rate is higher or lower depending on whether the premium underpayment is "self-corrected." The penalty rate is 1 percent of the late premium payment per month if the late payment is made on or before the date when PBGC issues a written notification indicating that there is or may be a premium delinquency (for example, a statement of account (premium invoice), a past-due-filing notice, or a letter initiating an audit). A penalty rate of 5 percent per month applies to payments made after the PBGC notification date.

iii. PBGC Waivers

Before the Filing Due Date, if you can show substantial hardship and that you will be able to pay the premium within 60 days after the Filing Due Date, you may request that we waive the Late Payment Penalty Charge. If we grant your request, we will waive the Late Payment Penalty Charge for up to 60 days.

To request a waiver, write separately to the address in item 4.a. or 4.b. under "CONTACTS" on p. ii.

Waivers of the Late Payment Penalty Charge may also be granted based on a demonstration of reasonable cause. If you wish to request such a waiver, write to the address in item 4.a. or 4.b. under "CONTACTS" on p. ii after you receive a statement of account (premium invoice) assessing penalties. This address should also be used to submit requests for reconsideration of late payment penalties. Failure to obtain premium instructions from PBGC is not reasonable cause for a waiver.

iv. Minimizing Late Payment Charges — Final Filing

If you are having difficulty determining your plan's premium before the Final Filing Due Date, you can make a premium payment based on an estimate, without submitting your final premium information filing. The payment should be clearly identified with the EIN/PN for the plan and the plan year commencement date (PYC) as described in item 3.c. or d. under "CONTACTS" on p. ii. You should then submit your certified final premium information filing (and any additional premium due) as soon as possible.

PBGC does not recommend this procedure. We may assess a penalty under section 4071 of ERISA for failure to furnish premium-related information by the required due date, and making a premium payment without an accompanying premium information filing may cause significant delay in providing a statement of account for the plan. However, when the information filing is ultimately made, the payment will be credited as of the date it was filed and thus stop the accrual of Late Payment Charges on the amount paid.

v. Minimizing Late Payment Charges — First Filing

The flat-rate premium owed for a plan year is based on the number of plan participants as of the premium snapshot date. However, plans may not have an accurate participant count before the First Filing Due Date. For this reason, PBGC permits plans to compute the amount owed on the basis of an estimated participant count. However, we remind you that for plans required to pay premiums for 500 or more participants for the prior plan year, the total flat-rate premium, in the case of a single-employer plan, or the entire premium, in the case of a multiemployer plan, is due by the First Filing Due Date. If the full amount due is not paid by that date, the plan will be subject to late payment interest charges and may also be subject to late payment penalty charges.

No penalty will be charged (although interest will be charged) if you did not make a flat-rate premium payment by the First Filing Due Date because you erroneously reported fewer than 500 participants for the plan year preceding the premium payment year. In addition, you can avoid a late payment penalty charge (but not the interest) for the flat-rate premium if the premium (based on an estimated participant count) that you pay by the First Filing Due Date equals at least the lesser of:

(a) 90 percent of the premium amount due on the plan's Final Filing Due Date for the flat-rate premium, or

(b) an amount equal to the participant count for the year before the premium payment year multiplied by the applicable flat premium rate for the premium payment year. This test will be met if the amount paid is sufficient using either the actual participant count for the plan year preceding the premium payment year or a smaller count that was erroneously reported.

For purposes of determining whether a penalty is due, the participant count "erroneously reported" refers to the premium filing (or last amended filing) for the plan year preceding the premium payment year made to PBGC by the First Filing Due Date.

See the Instructions for Estimated Premiums for more detail.

If you have an accurate participant count by the First Filing Due Date, you should pay the amount owed by that date. If you do so, you will avoid the interest charge and any penalty charge. If you have all the information needed to make a final filing on or before the First Filing Due Date, you may make a final filing. If you make an estimated filing, you will still be required to make a final filing by the Final Filing Due Date.

b. Overpayments

If a premium is overpaid for a plan, you may request that the overpayment be refunded or applied to the next year's premium for the plan.

If you request that an overpayment be applied to the next year's premium, you should claim the amount of the overpayment as a credit on the next year's premium filing for the plan.

A request for a refund must be made within the period specified in the applicable statute of limitations (generally six years after the overpayment was made).

If there are unpaid premiums, interest, or penalties for your plan for prior years, you may request PBGC to apply all or part of an overpayment toward payment of those unpaid prior year amounts. An overpayment for one plan cannot be applied to offset an underpayment on another plan.

If you request payment of a refund by electronic funds transfer, we will make the transfer through the automated clearing house (ACH) system.

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8. Recordkeeping Requirements; PBGC Audits

Plan administrators are required to retain all plan records that are necessary to support or validate PBGC premium payments. The records must include calculations and other data prepared by the plan's actuary or, for a plan described in section 412(i) of the Internal Revenue Code, by the insurer from which the insurance contracts are purchased. The records are to be kept for six years after the premium due date.

Records that must be retained include, but are not limited to, records that establish the number of plan participants and that reconcile the calculation of the plan's unfunded vested benefits with the actuarial valuation upon which the calculation was based. Records retained pursuant to this paragraph must be made available or submitted to PBGC upon request.

We may audit any premium payment. If we determine upon audit that the full amount of the premium due was not paid, late payment interest charges under §4007.7 of the premium regulations and late payment penalty charges under §4007.8 of the premium regulations will apply to the unpaid balance from the premium due date to the date of payment. (See B.7.a., p. 16, for more information on penalties and interest for late payment of premiums.) If, in our judgment, the plan's records fail to establish the number of participants with respect to whom premiums were required for any premium payment year, we may rely on data we obtain from other sources (including the Internal Revenue Service and the Department of Labor) for presumptively establishing the number of plan participants for premium computation purposes. Similarly, if, in our judgment, the plan's records fail to establish that the unfunded vested benefits were the amount reported in the premium filing, we may rely on data we obtain from other sources for estimating the amount of unfunded vested benefits for premium computation purposes.

In addition to penalties for late payment of premiums, we may assess a penalty under section 4071 of ERISA for failure to furnish premium-related information by required due dates.

PART C INFORMATION REQUIRED FOR SINGLE-EMPLOYER PLANS CLAIMING EXEMPTION FROM THE VARIABLE-RATE PREMIUM (PREVIOUSLY FILED ON FORM 1-EZ)

NOTE: This part applies only to single-employer plans that claim an exemption from the variable-rate premium. To claim an exemption, the plan must meet the requirements for one of the exemptions described in the instructions in this part. Having a variable-rate premium of zero is not the same as being exempt from the variable-rate premium. (See B.3.a., p 11, for a table that shows which Parts of this booklet contain the instructions applicable to various types of filers.) If your plan qualifies for an exemption and also has a variable-rate premium of zero, you may file either as an exempt plan or as a non-exempt plan. See B.3.d., p. 12.

This part describes the information that must be reported for each single-employer plan that claims an exemption from paying the variable-rate premium. (Paying a zero variable-rate premium is not the same as being exempt from the variable-rate premium.)

This part also explains how to determine the amount of the flat-rate premium. The flat-rate premium may be $0. (This may happen if your plan is a new plan that grants no past service credits, so that there are no benefit liabilities on the premium snapshot date. A plan with no benefit liabilities has no participants for premium purposes.) You must make a premium filing even if the flat-rate premium is $0.

Note For Plans With More Than One Plan Year Beginning in 2006 or 2007: References in these instructions to the 2006 plan year (and to filings and notices for the 2006 plan year) should be considered to refer to your plan's most recent complete plan year. For example, a plan that changes its plan year could have two plan years beginning in calendar 2007. When such a plan makes its premium filing(s) for its second 2007 plan year, the references in these instructions to the 2006 plan year (and to filings and notices for the 2006 plan year) should be considered to refer to the plan's first 2007 plan year (and to filings and notices for that plan year), because that is the plan's most recent complete plan year. Similarly, if your plan had two plan years beginning in calendar 2006, the references in these instructions to the 2006 plan year (and to filings and notices for the 2006 plan year) should be considered to refer to the plan's second 2006 plan year, which is the plan's most recent complete plan year.

Information About Amended Filing

If you are amending your 2007 premium filing, report that fact and follow the instructions for amended filings in B.6., p. 16.

Information About Disaster Relief

From time to time, when major disasters occur, PBGC grants disaster relief by waiving late filing and payment penalties for certain plans. Disaster Relief Announcements are available on PBGC's Web site (www.pbgc.gov). If your plan is covered by a PBGC Disaster Relief Announcement for this premium filing, report that fact and follow the instructions in the Disaster Relief Announcement. Provide any explanation called for in the Disaster Relief Announcement.

Information About Plan Sponsor (previously item 1, Form 1-EZ)

Report the name and address of the plan sponsor. Report separately the first line of the address, the second line of the address, the city, the state, and the zip code.

Make sure you report the plan sponsor's name and address correctly, especially if there has been a change in the last year. If the plan sponsor's address or name has changed since your last filing, report that fact. It is very important that the address you report be correct.

Information About Receiving Paper Instructions (previously part of item 1, Form 1-EZ)

If you do not want to receive paper premium instructions next year, report that fact. An election not to receive the paper instructions does not relieve the plan administrator of the obligation to file. Note that My PAA's data entry and editing screens provide on-line premium filing instructions without the need for paper instructions.

Information About Plan Administrator (previously item 2, Form 1-EZ)

Report the name and address of the plan administrator. If the name and address of the plan administrator is the same as that of the plan sponsor, you may satisfy this requirement by reporting that fact.

In reporting the plan administrator's address, report separately the first line of the address, the second line of the address, the city, the state, and the zip code.

If the plan administrator's address or name has changed since your last filing, report that fact. It is very important that the plan administrator's name and address be correct, especially if there has been a change in the last year. This is the address we use to mail correspondence with the plan (including premium filing instructions).

Information About EIN/PN (previously items 3(a), (b), and (c), Form 1-EZ)

Report the EIN of the plan sponsor.

Report the Plan Number (PN) of the plan.

Report whether or not the EIN and PN for this filing both match exactly the EIN and PN entered on the Form 5500 series for the plan year preceding the premium payment year; or if your plan is a new plan that is not required to file the Form 5500 series for the plan year preceding the premium payment year because the plan did not exist, report that filing of the Form 5500 series for the plan year preceding the premium payment year was not required.

If either the EIN or the PN for this filing is not exactly the same as what was entered on the Form 5500 series for the plan year preceding the premium payment year, report both the EIN and the PN entered on the Form 5500 filing and provide an explanation.

Information About Exemption From Electronic Filing (paper filers only) (previously item 3(d), Form 1-EZ)

This information is only required for a plan that makes a paper premium filing.

Report whether or not PBGC has granted your plan an exemption from the requirement to make this filing electronically.

If you do not have an exemption but you choose to make a paper filing in anticipation of an exemption, provide an explanation. Either indicate when you submitted the exemption request to which PBGC has not yet responded, or attach your exemption request.

If you do not receive the anticipated exemption, your paper filing will not satisfy the electronic filing requirement. Failure to comply with the electronic filing requirement without an exemption is subject to penalty under section 4071 of ERISA.

Information About Change In EIN/PN (previously Item 4, Form 1-EZ)

If the EIN and PN for this filing do not both match exactly the EIN and PN for your last premium filing for this plan, report both the EIN and the PN for the last premium filing and report the effective date of the change in the EIN/PN.

Information About Plan Coverage Status (previously item 5, Form 1-EZ)

Report either that the plan is covered under section 4021 of ERISA or that you are not certain whether the plan is covered. See B.1.a., p. 7. If you report that you are not certain whether the plan is covered, provide an explanation of why you are uncertain.

If you are not certain whether the plan is covered, you should file the premium information and pay the applicable premium as if the plan were covered.

Information About Plan Inception (previously item 6, Form 1-EZ)

Report whether or not this premium filing is for the plan's first year as a covered plan.

If this premium filing is for the plan's first year as a covered plan, report the Plan Effective Date, the Plan Adoption Date, and the Plan Coverage Date.

The Plan Effective Date is the date on which the plan became effective with respect to benefit accruals for future service. This date is considered to be the first day of a new plan's short first year for purposes of prorating the premium (see B.5., p. 13). If the Plan Adoption Date of a newly created plan covered under section 4021 of ERISA is after its Plan Effective Date (*i.e.*, the plan is adopted retroactively), you may report either the Plan Adoption Date or the Plan Effective Date as the first day of the plan year. For a new plan, the first day of the plan year must also be used as the premium snapshot date.

The Plan Adoption Date is the date on which the plan was formally adopted.

The Plan Coverage Date is the date on which the plan became covered under section 4021 of ERISA. If you are not certain whether your plan is covered, do not report a Plan Coverage Date.

Information About Transfers From Disappearing Plans (previously item 7, Form 1-EZ)

Report whether or not a plan other than yours ceased to exist in connection with any transfer of assets or liabilities from that plan to your plan since the last premium filing. In the case of a plan that is filing for the first time, this includes a transfer of assets or liabilities that was made to the plan when it was established, if the transferor plan ceased to exist in connection with the transfer.

For each plan that ceased to exist in connection with a transfer of assets or liabilities from that plan to your plan since the last premium filing, report the EIN/PN of the plan, the effective date of the transfer, and whether the transaction involved was a merger, consolidation, or spinoff. The types of transactions are explained in A.9., p.6.

If you have an exemption from making this filing electronically and are filing your premium information on a paper PBGC form (which only has space to report one transfer), and you need to report information about more than one transfer, provide an explanation that gives the required information about the transfers for which there is no space on the form.

The effective date of a transfer is determined based on the facts and circumstances of the particular situation. (For transfers subject to section 414(*l*) of the Code, report the date determined under 26 CFR 1.414(*l*)-1(b)(11).)

Example: The merger agreement between Plans A and B provides that participants of Plan A will cease accruing benefits under Plan A and begin coverage and benefit accruals under Plan B as of January 1, 2007, and that the obligation to pay benefits to Plan A participants will pass from Plan A to Plan B as of that date. The agreement also provides that Plan A's assets will be transferred to Plan B's account as soon as practicable. The transfer actually occurs on February 17, 2007. The effective date of the transfer is January 1, 2007.

You do not need to report any transfer unless the transferor plan ceased to exist in connection with the transfer — *i.e.*, transferred all of its assets and liabilities to your plan or to two or more plans including your plan. You also do not need to report a transfer in this item if you have no reasonable way of determining whether or not the transferor plan ceased to exist in connection with the transfer.

Note that premium proration is not available for "overlapping" premium payments resulting from a plan merger, consolidation, or spinoff.

NOTE: If we do not receive an expected premium filing from a plan, we normally contact the plan for an explanation. The purpose of reporting these transfers is to avoid the need for such correspondence where the reason a plan is not filing is that it has disappeared as the result of a merger, consolidation or spinoff. However, the report about transfers can only have its intended effect if we receive it from the transferee plan before the disappearing plan's next expected premium filing due date. If the transferee plan does not expect to file until after that, the need for correspondence can be avoided by sending us the report about transfers earlier — in writing — as described in item 4. under "CONTACTS," p. ii.

Information About Business Code and CUSIP Number (previously item 8, Form 1-EZ)

Report the 6-digit code that best describes the nature of the employer's business. If more than one employer is involved, report the business code for the predominant business activity of all employers. Choose one code from the list in Appendix B at the back of this package.

If a CUSIP number has been assigned to publicly traded securities of the plan sponsor or any member of the plan sponsor's controlled group, report the first 6 digits of the CUSIP number.

Name of Plan (previously item 9, Form 1-EZ)

Report the complete name of the plan as stated in the plan document. For example, "The ABC Company Pension Plan for Salaried Personnel."

Information About Plan Contact (previously item 10, Form 1-EZ)

Report the name and phone number of the person we may contact if we have any questions concerning this filing. If the filing is completed by a plan consultant, you may report the consultant's name and phone number.

Information About Plan Year (previously item 11, Form 1-EZ)

Report the beginning date of the plan year for which you are making the premium payment (the first day of the premium payment year). If you are filing for the first year of a new plan, this should generally be the Plan Effective Date. However, if a newly created plan was adopted with a retroactive effective date, you may use the Plan Adoption Date as the first day of the plan year for purposes of determining the premium snapshot date, the filing due date, and premium proration (if any); in that case, report the Plan Adoption Date as the first day of the plan year.

Report the ending date of the plan year for which you are making the premium payment (the last day of the premium payment year).

If this filing is for the plan's last year because the plan has merged or consolidated into another plan or has spun off all its participants, liabilities, and assets to other plans, enter the effective date of the merger, consolidation, or spinoff. Note that a plan that has a short plan year because it disappears by merger, consolidation, or spinoff does not qualify for premium proration.

If this filing is for the plan's last year because the plan has terminated, enter —

a. for a multiemployer plan that distributed all its assets pursuant to section 4041A of ERISA, the date the distribution is completed; or

b. for a single-employer plan, the earlier of —

(1) the date on which the distribution of the plan's assets in satisfaction of all benefit liabilities was completed; or

(2) the date that a trustee for the terminating plan was appointed under ERISA section 4042.

If the month and day on which the plan year begins is not the same as that reported in your last premium filing for this plan, report that fact and provide a brief explanation for the change. Also report the adoption date of the plan year change; or, if the plan year beginning date has changed for a reason other than a change in the plan year — *i.e.*, because the plan uses a 52/53-week plan year, or because this is the second year of a plan whose first plan year was a short year — report that the change in the first day of the plan year is not due to an amendment changing the plan year (or report that the adoption date for the plan year change is "00/00/0000").

Information About Exemption From the Variable-Rate Premium (previously item 12, Form 1-EZ)

If you claim exemption from the variable-rate premium, report which exemption the plan meets the requirements for. (If you do not claim an exemption from the variable-rate premium for a single-employer plan, you must compute and report the variable-rate premium; you should be following the instructions in Parts D, E, and F.) There are five exemptions:

(1) Plans With No Vested Participants

Your plan qualifies for this exemption if the plan has no participants with vested benefits as of the premium snapshot date.

A new plan with no benefit liabilities on the premium snapshot date has no participants (for premium purposes) and thus no participants with vested benefits. Such a plan qualifies for this exemption.

(2) Section 412(i) Plans

Your plan qualifies for this exemption if the plan is described in section 412(i) of the Code and regulations thereunder on the premium snapshot date.

(3) Fully Funded Small Plans

Your plan qualifies for this exemption if the plan has fewer than 500 participants as of the premium snapshot date and no unfunded vested benefits as of that date (valued at the Required Interest Rate described in A.7., p. 6). If you claim this exemption, an enrolled actuary must certify that the plan qualifies for it.

(4) Plans Terminating In Standard Terminations

Your plan qualifies for this exemption if notices of intent to terminate in a standard termination were issued in accordance with section 4041(a)(2) of ERISA, setting forth a proposed termination date (*i.e.*, the 60- to 90-day prospective date) that is on or before the premium snapshot date. However, this exemption is conditional on the plan's ultimately making a final distribution of assets in full satisfaction of its obligations under the standard termination. If such a distribution is not made, this exemption does not apply and the premium(s) that would otherwise have been required will be due retroactive to the applicable due date(s). (NOTE: See B.1.c., p. 7, for rules on when your premium obligation ends.)

(5) Plans At The Full Funding Limit

Your plan qualifies for this exemption if, as provided below, the plan is at the full funding limit for the plan year preceding the premium payment year. If you claim this exemption, an enrolled actuary must certify that the plan qualifies for it. Note: The rules below are for PBGC premium purposes only. The rules for tax or other purposes may differ.

A plan may claim this exemption if, on or before the earlier of the Final Filing Due Date (see B.2., p. 8) or the date the premium filing is made, the plan's contributing sponsor(s) made contributions to the plan for the plan year preceding the premium payment year in an amount not less than the full funding limitation for that preceding plan year under section 302(c)(7) of ERISA and section 412(c)(7) of the Internal Revenue Code.

The determination of whether contributions for the preceding plan year were in an amount not less than the full funding limitation under section 302(c)(7) of ERISA and section 412(c)(7) of the Code for the preceding plan year is based on the method of computing the full funding limitation, including actuarial assumptions and funding methods, used by the plan (provided these assumptions and methods met all requirements, including the requirements for reasonableness, under section 412 of the Code) with respect to the preceding plan year. In the event of a PBGC audit, the plan administrator may be required to provide documentation to establish both the computation methods used and the conformance of those methods with the requirements of Code section 412. PBGC will report to the Internal Revenue Service any plans using assumptions and methods that appear not to meet the requirements of Code section 412.

A plan may be entitled to this exemption if contributions were rounded down slightly from the amount of the full funding limitation. Thus, any contribution that is rounded down to no less than the next lower multiple of one hundred dollars (in the case of full funding limitations up to one hundred thousand dollars) or to no less than the next lower multiple of one thousand dollars (in the case of full funding limitations above one hundred thousand dollars) is deemed for purposes of this exemption to be in an amount equal to the full funding limitation. (NOTE: Relief may also be available where the plan's actuary rounded off *de minimis* amounts to determine the full funding limit. Whether the exemption applies in such circumstances would be determined under the rule discussed in the preceding paragraph, based on a review of the plan's practice with respect to the computation methods used.)

Generally, section 302(c)(7) of ERISA and Code section 412(c)(7) define the full funding limitation as the excess of a measure of the plan's liabilities over a measure of the plan's assets. PBGC Technical Update 00-4 (set forth below) explains how the PBGC full funding limit exemption works.

TECHNICAL UPDATE 00-4
August 25, 2000
PBGC'S FULL FUNDING LIMIT EXEMPTION FROM THE VARIABLE RATE PREMIUM

Introduction

This technical update explains how the PBGC full funding limit exemption ("PBGC FFL Exemption") from the variable rate premium ("VRP") works in light of the changes the Retirement Protection Act of 1994 ("RPA") made to the full funding limitation under section 412(c)(7) of the Internal Revenue Code of 1986 ("Code"). The RPA added a "90% override" to the full funding limitation. The 90% override provides that the full funding limitation is not less than the excess, if any, of 90% of the plan's current liability over the actuarial value of the plan's assets. The PBGC has received inquiries about the proper treatment of credit balances in applying the 90% override for purposes of the PBGC FFL Exemption. This update clarifies what the correct result is under the statutory and regulatory framework of Title IV of ERISA.

Guidance

The 90% override does not require greater contributions for the PBGC FFL Exemption than are required for the plan to be at the full funding limitation under Code section 412(c)(7) for funding purposes. Accordingly, a plan qualifies for the PBGC FFL Exemption for a plan year if the sum of contributions to the plan for the prior year (including any interest credited under the funding standard account) and any credit balance in the funding standard account (including interest to the end of the plan year) is not less than the full funding limitation under Code section 412(c)(7).

For purposes of the preceding sentence —

> the "full funding limitation under Code section 412(c)(7)" means the full funding limitation as calculated for minimum funding purposes, *i.e.*, the sentence in the PBGC regulations providing that "[p]lan assets shall not be reduced by the amount of any credit balance in the plan's funding standard account" is inapplicable;
>
> the PBGC rules (see 29 CFR § 4006.5(a)(5)) on rounding down contributions and on counting only contributions made by the earlier of the VRP due date or VRP payment date continue to apply.

See the Appendix to this update for examples of how the PBGC FFL Exemption works.

Effective Date

This guidance is generally effective for PBGC premium purposes for plan years beginning after December 31, 1995.

Effect of Guidance

This guidance will have no effect on the vast majority of plans for which a VRP was paid (see Example 1 in the Appendix). Based on the PBGC's analysis, there were only 100-200 plans since 1996 for which a VRP may have been paid solely as a result of applying the PBGC FFL Exemption in a manner inconsistent with this technical update (see Examples 2 and 3 in the Appendix). The plan administrator of such a plan may apply for a refund through the PBGC's normal refund process (*i.e.*, by filing an amended Form 1, including Schedule A, for the applicable year or years). Refunds are subject to the six-year limitations period in ERISA section 4003(f)(5).

For questions about this update, contact Jane Pacelli at 202-326-4080, ext. 6775.

APPENDIX TO TECHNICAL UPDATE 00-4

The following examples show how the PBGC FFL Exemption works. All amounts in the examples include interest to the end of the plan year and assume that actuarial value of assets equals market value of assets.

Example 1

Plan A has a full funding limitation under Code section 412(c)(7) (prior to applying the override) of $3,000, calculated as the excess of the plan's accrued liability of $30,000 over adjusted plan assets of $27,000 ($29,000 assets less $2,000 credit balance). The plan's 90% override full funding limitation is $900, calculated as the excess of 90% of the plan's current liability ($29,900) over the plan's full assets of $29,000. Thus, the plan's full funding limitation is $3,000 (the greater of $3,000 or $900). Plan A will qualify for the PBGC FFL Exemption if employer contributions equal or exceed $1,000, because the sum of the contributions and the credit balance will equal or exceed the $3,000 full funding limitation.

The guidance in this technical update does not affect Plan A. Without this guidance, the actuary for Plan A would have calculated its full funding limitation (using full assets) as $1,000 — the greater of $1,000 ($30,000 - $29,000) or $900 ($29,900 - $29,000) — and concluded that the plan would qualify for the PBGC FFL Exemption if employer contributions equaled or exceeded $1,000 (the same result as under the guidance in this technical update).

Example 2

Plan B has a full funding limitation under Code section 412(c)(7) (prior to applying the override) of $3,000, calculated as the excess of the plan's accrued liability of $30,000 over adjusted plan assets of $27,000 ($29,000 assets less $2,000 credit balance). The plan's 90% override full funding limitation is $4,000, calculated as the excess of 90% of the plan's current liability ($33,000) over the plan's full assets of $29,000. Thus, the plan's full funding limitation is $4,000 (the greater of $3,000 or $4,000). Plan B will qualify for the PBGC FFL Exemption if employer contributions equal or exceed $2,000, because the sum of the contributions and the credit balance will equal or exceed the $4,000 full funding limitation.

Without the guidance in this technical update, the actuary for Plan B might have calculated its full funding limitation (using full assets) as the greater of $1,000 ($30,000 - $29,000) or $4,000 ($33,000 - $29,000), and concluded that the plan would not qualify for the PBGC FFL Exemption unless employer contributions equaled or exceeded the $4,000 full funding limitation.

Example 3

Plan C has a full funding limitation under Code section 412(c)(7) (prior to applying the override) of $4,000, calculated as the excess of the plan's accrued liability of $31,000 over adjusted plan assets of $27,000 ($29,000 assets less $2,000 credit balance). The plan's 90% override full funding limitation is $3,000, calculated as the excess of 90% of the plan's current liability ($32,000) over the plan's full assets of $29,000. Thus, the plan's full funding limitation is $4,000 (the greater of $4,000 or $3,000). Plan C will qualify for the PBGC FFL Exemption if employer contributions equal or exceed $2,000, because the sum of the contributions and the credit balance will equal or exceed the $4,000 full funding limitation.

Without the guidance in this technical update, the actuary for Plan C might have determined the full funding limitation to be $3,000 — the greater of the pre-override full funding limitation of $2,000 ($31,000 less full assets of $29,000) and the 90% override full funding limitation of $3,000 — and concluded that the plan would not qualify for the PBGC FFL Exemption unless employer contributions equaled or exceeded the $3,000 full funding limitation.

Participant Count (previously item 13, Form 1-EZ)

Report the participant count (the total number of participants covered by the plan, counted as of the premium snapshot date). This is the number on which the plan's premium is based.

For post-2000 plan years, newly created plans that do not grant past service credits typically have a participant count of zero for premium purposes. See the definition of "participant" in A.7., p. 4.

The participant count for premium computation purposes for a PBGC premium filing and the participant count for item 7 of the Form 5500 filed in the same year (*e.g.*, the 2007 premium filing and the 2006 Form 5500) are generally determined as of the same date, *i.e.*, the last day of the plan year preceding the year in which the filing is made. However, the two participant counts may differ. For example —

- For premium purposes, individuals who are earning or retaining credited service but with respect to whom a plan has no benefit liabilities are not counted as participants. But individuals who are earning or retaining credited service are considered to be participants for purposes of item 7 of the Form 5500, even if the plan has no benefit liabilities with respect to them.
- There is a difference in the break-in-service rules that apply to the participant count for premium purposes and to item 7 of Form 5500. For purposes of item 7 of Form 5500, whether a non-vested individual is excluded from the participant count because of a break in service depends upon the plan language; under the provisions of most plans, the instructions for item 7 would require that a separated non-vested individual be counted as a participant until the individual has incurred five or more consecutive one-year breaks in service. For premium purposes, on the other hand, a non-vested individual is excluded from the participant count because of a break in service when the individual has incurred a one-year break in service under the terms of the plan.

Information About the Premium (previously item 14, Form 1-EZ) (see **Note** below)

Report the total premium. For a single-employer plan that is exempt from the variable-rate premium, the total premium equals the flat-rate premium, and the flat-rate premium for plan years beginning in 2007 is $31 multiplied by the participant count.

Note: The 2007 per-participant flat premium rate of $31 for single-employer plans reflects inflation adjustments provided for in the Deficit Reduction Act of 2005.

Information About Premium Credits (previously item 15, Form 1-EZ)

Report your 2007 estimated premium payment, your other credit, and your total credit.

Your 2007 estimated premium payment is any amount you previously paid for the 2007 plan year with an estimated filing. Do not include any credits claimed in your estimated filing.

Your other credit is the aggregate amount of: (1) any available credit (other than an estimated short-year credit) claimed in your 2007 estimated filing, (2) any available credit from your 2006 premium filing, (3) any short-year credit (as explained in B.5. (Prorating Your Premium), p. 13), and (4) any other available credit. Provide an explanation of any other credit you claim (other than an available credit from your 2006 premium filing).

Your total credit is the sum of the 2007 estimated premium payment and your other credit.

Information About Payment Due PBGC (previously item 16, Form 1-EZ)

If the total premium equals or exceeds the total credit, subtract the total credit from the total premium and report the result as the amount due. This is the amount you owe PBGC.

You must pay the amount due by paper check or electronically. Report whether you are paying by paper check or electronically. Do not combine the premiums for two or more plans into one payment.

Follow the instructions in My PAA for the type of payment you are making; or, if you have an exemption from making this filing electronically and are filing your premium information on paper, then —

If you pay by paper check, write the EIN/PN for this filing and the First Day of the Plan Year (identified as "PYC") on the check and send the check with your paper filing.

If you pay by electronic funds transfer, make the transfer as described in item 3.d. under "CONTACTS" on p. ii. Report the EIN/PN for this filing and the First Day of the Plan Year (identified as "PYC") in the payment ID line of the electronic funds transfer in the format "EIN/PN: XX-XXXXXXX/XXX PYC: MM/DD/YY."

To ensure proper credit for your premium payment, the payment must be for the exact amount due for the plan. Do not combine payments for different plans in a single check or electronic funds transfer.

Information About Overpayment (previously item 17, Form 1-EZ)

If the total premium is less than the total credit, subtract the total premium from the total credit and report the result as the overpayment.

If you have an overpayment, you may request that the amount of the overpayment either be refunded or be applied against the next year's premium for the plan.

Report whether you want the amount of the overpayment to be applied against the next year's premium for the plan or refunded. If you request application of the overpayment against the next year's premium for the plan, you should claim the overpayment amount as a credit on the next year's premium filing for the plan.

If you request a refund, and you want the refund paid by electronic funds transfer, provide the bank routing number and account number to which the refund is to be credited and indicate whether the account is a checking account or savings account. If you want the refund credited to a sub-account within the main account, also provide the sub-account number.

See B.7.b., p. 18, for more information on overpayments.

Information About Participant Notice Requirement (previously item 18, Form 1-EZ)

For each plan year (through the 2006 plan year) for which a variable-rate premium was payable for a plan, the plan administrator was required by ERISA section 4011 to issue a notice to participants about the plan's funding status and the limits on PBGC's guarantee, unless the plan was exempt from the notice requirement under ERISA and PBGC's regulation on Disclosure to Participants. (The regulation contains an exemption for most new and newly-covered plans.)

ERISA section 4011 was repealed by the Pension Protection Act of 2006, effective for plan years beginning after 2006. Thus 2006 was the last plan year for which a Participant Notice was required. This item relates to the Participant Notice requirement for the 2006 plan year.

The Participant Notice for a plan year was due no later than two months after the due date (or extended due date) for the Form 5500 series for the prior plan year. Thus, the 2006 Participant Notice was due two months after the due date (or extended due date) for the 2005 Form 5500 series. For purposes of determining whether the Participant Notice was timely issued, if any due date (or extended due date) fell on a Saturday, Sunday, or legal holiday, the applicable due date was the next business day.

If a Participant Notice under ERISA section 4011 and 29 CFR Part 4011 was not required to be issued for this plan for the 2006 plan year, report that for the 2006 plan year, a Participant Notice under ERISA section 4011 and 29 CFR Part 4011 was not required to be issued for this plan.

If a Participant Notice under ERISA section 4011 and 29 CFR Part 4011 was issued for this plan for the 2006 plan year, on time and in accordance with all other applicable requirements, report that for the 2006 plan year, a Participant Notice under ERISA section 4011 and 29 CFR Part 4011 was issued for this plan on time and in accordance with all other applicable requirements.

Otherwise (*e.g.*, because a required Participant Notice was not issued on time or failed to meet any other applicable requirement), report that an explanation about the Participant Notice under ERISA section 4011 and 29 CFR Part 4011 for this plan for the 2006 plan year is included with this filing, and include an explanation with your filing.

Information About Attachments (paper filers only) (previously item 19, Form 1-EZ)

If you have an exemption from making this filing electronically and are filing your premium information on a paper PBGC form, report whether you are providing any explanation called for by these instructions. Be sure to show the EIN/PN for this filing and the first day of the plan year (identified as "PYC") at the top of each attachment to your filing that you use to provide an explanation.

Plan Administrator Certification (previously item 20, Form 1-EZ)

All of the information reported pursuant to this Part C must be certified by the plan administrator. Follow the certification instructions for the electronic filing method that you use to make your filing. If your plan is exempt from the electronic filing requirement for this filing, and you report the information on a paper PBGC form, complete the plan administrator certification on the form.

Enrolled Actuary Certification (previously item 21, Form 1-EZ)

If you claim the variable-rate premium exemption for fully funded small plans or for plans at the full funding limit, the variable-rate premium information in this filing (*i.e.*, that the plan qualifies for the claimed exemption from the variable-rate premium) must be certified by an enrolled actuary.

The actuary must follow the certification instructions for the electronic filing method that is used to make the filing. If the plan is exempt from the electronic filing requirement for this filing, and the information is reported on a paper PBGC form, the actuary must complete the enrolled actuary certification on the form.

Part D INFORMATION REQUIRED FOR MULTIEMPLOYER PLANS AND FOR SINGLE-EMPLOYER PLANS NOT CLAIMING EXEMPTION FROM THE VARIABLE-RATE PREMIUM (PREVIOUSLY FILED ON FORM 1)

NOTE: This Part applies only to multiemployer plans and to single-employer plans that do not claim an exemption from the variable-rate premium. Unless the plan meets the requirements for one of the exemptions described in the instructions in Part C, it is not exempt. Having a variable-rate premium of zero is not the same as being exempt from the variable-rate premium. (See B.3.a., p 11, for a table that shows which Parts of this booklet contain the instructions applicable to various types of filers.) If your plan qualifies for an exemption and also has a variable-rate premium of zero, you may file either as an exempt plan or as a non-exempt plan. See B.3.d., p. 12.

This part describes information that must be reported for each multiemployer plan and for each single-employer plan that does not claim an exemption from paying the variable-rate premium. (Paying a zero variable-rate premium is not the same as being exempt from the variable-rate premium.)

This part also explains how to determine the amount of the flat-rate premium for both multiemployer and single-employer plans. The flat-rate premium may be $0. (This may happen if your plan is a new plan that grants no past service credits, so that there are no benefit liabilities on the premium snapshot date. A plan with no benefit liabilities has no participants for premium purposes.) You must make a premium filing even if the flat-rate premium is $0. (Part E explains how to determine the amount of the variable-rate premium.)

Note For Plans With More Than One Plan Year Beginning in 2006 or 2007: References in these instructions to the 2006 plan year (and to filings and notices for the 2006 plan year) should be considered to refer to your plan's most recent complete plan year. For example, a plan that changes its plan year could have two plan years beginning in calendar 2007. When such a plan makes its premium filing(s) for its second 2007 plan year, the references in these instructions to the 2006 plan year (and to filings and notices for the 2006 plan year) should be considered to refer to the plan's first 2007 plan year (and to filings and notices for that plan year), because that is the plan's most recent complete plan year. Similarly, if your plan had two plan years beginning in calendar 2006, the references in these instructions to the 2006 plan year (and to filings and notices for the 2006 plan year) should be considered to refer to the plan's second 2006 plan year, which is the plan's most recent complete plan year.

Information About Amended Filing

If you are amending your 2007 premium filing, report that fact and follow the instructions for amended filings in B.6., p. 16.

Information About Disaster Relief

From time to time, when major disasters occur, PBGC grants disaster relief by waiving late filing and payment penalties for certain plans. Disaster Relief Announcements are available on PBGC's Web site (www.pbgc.gov). If your plan is covered by a PBGC Disaster Relief Announcement for this premium filing, report that fact and follow the instructions in the Disaster Relief Announcement. Provide any explanation called for in the Disaster Relief Announcement.

Information About Plan Sponsor (previously item 1, Form 1)

Report the name and address of the plan sponsor. Report separately the first line of the address, the second line of the address, the city, the state, and the zip code.

Make sure you report the plan sponsor's name and address correctly, especially if there has been a change in the last year. If the plan sponsor's address or name has changed since your last filing, report that fact. It is very important that the address you report be correct.

Information About Receiving Paper Instructions (previously part of item 1, Form 1)

If you do not want to receive paper premium instructions next year, report that fact. An election not to receive the paper instructions does not relieve the plan administrator of the obligation to file. Note that My PAA's data entry and editing screens provide on-line premium filing instructions without the need for paper instructions.

Information About Plan Administrator (previously item 2, Form 1)

Report the name and address of the plan administrator. If the name and address of the plan administrator is the same as that of the plan sponsor, you may satisfy this requirement by reporting that fact.

In reporting the plan administrator's address, report separately the first line of the address, the second line of the address, the city, the state, and the zip code.

If the plan administrator's address or name has changed since your last filing, report that fact. It is very important that the plan administrator's name and address be correct, especially if there has been a change in the last year. This is the address we use to mail correspondence with the plan (including premium filing instructions).

Information About EIN/PN (previously items 3(a), (b), and (c), Form 1)

Report the EIN of the plan sponsor.

Report the Plan Number (PN) of the plan.

Report whether or not the EIN and PN for this filing both match exactly the EIN and PN entered on the Form 5500 series for the plan year preceding the premium payment year; or if your plan is a new plan that is not required to file the Form 5500 series for the plan year preceding the premium payment year because the plan did not exist, report that filing of the Form 5500 series for the plan year preceding the premium payment year was not required.

If either the EIN or the PN for this filing is not exactly the same as what was entered on the Form 5500 series for the plan year preceding the premium payment year, report both the EIN and the PN entered on the Form 5500 filing and provide an explanation.

Information About Exemption From Electronic Filing (paper filers only) (previously item 3(d), Form 1)

This information is only required for a plan that makes a paper premium filing.

Report whether or not PBGC has granted your plan an exemption from the requirement to make this filing electronically.

If you do not have an exemption but you choose to make a paper filing in anticipation of an exemption, provide an explanation. Either indicate when you submitted the exemption request to which PBGC has not yet responded, or attach your exemption request.

If you do not receive the anticipated exemption, your paper filing will not satisfy the electronic filing requirement. Failure to comply with the electronic filing requirement without an exemption is subject to penalty under section 4071 of ERISA.

Information About Change In EIN/PN (previously Item 4, Form 1)

If the EIN and PN for this filing do not both match exactly the EIN and PN for your last premium filing for this plan, report both the EIN and the PN for the last premium filing and report the effective date of the change in the EIN/PN.

Information About Plan Coverage Status (previously item 5, Form 1)

Report either that the plan is covered under section 4021 of ERISA or that you are not certain whether the plan is covered. See B.1.a., p. 7. If you report that you are not certain whether the plan is covered, provide an explanation of why you are uncertain.

If you are not certain whether the plan is covered, you should file the premium information and pay the applicable premium as if the plan were covered.

Information About Plan Inception (previously item 6, Form 1)

Report whether or not this premium filing is for the plan's first year as a covered plan.

If this premium filing is for the plan's first year as a covered plan, report the Plan Effective Date, the Plan Adoption Date, and the Plan Coverage Date.

The Plan Effective Date is the date on which the plan became effective with respect to benefit accruals for future service. This date is considered to be the first day of a new plan's short first year for purposes of prorating the premium (see B.5., p. 13). If the Plan Adoption Date of a newly created plan covered under section 4021 of ERISA is after its Plan Effective Date (*i.e.*, the plan is adopted retroactively), you may report either the Plan Adoption Date or the Plan Effective Date as the first day of the plan year. For a new plan, the first day of the plan year must also be used as the premium snapshot date.

The Plan Adoption Date is the date on which the plan was formally adopted.

The Plan Coverage Date is the date on which the plan became covered under section 4021 of ERISA. If you are not certain whether your plan is covered, do not report a Plan Coverage Date.

Information About Transfers From Disappearing Plans (previously item 7, Form 1)

Report whether or not a plan other than yours ceased to exist in connection with any transfer of assets or liabilities from that plan to your plan since the last premium filing. In the case of a plan that is filing for the first time, this includes a transfer of assets or liabilities that was made to the plan when it was established, if the transferor plan ceased to exist in connection with the transfer.

For each plan that ceased to exist in connection with a transfer of assets or liabilities from that plan to your plan since the last premium filing, report the EIN/PN of the plan, the effective date of the transfer, and whether the transaction involved was a merger, consolidation, or spinoff. The types of transactions are explained in A.9., p.6.

If you have an exemption from making this filing electronically and are filing your premium information on a paper PBGC form (which only has space to report one transfer), and you need to report information about more than one transfer, provide an explanation that gives the required information about the transfers for which there is no space on the form.

The effective date of a transfer is determined based on the facts and circumstances of the particular situation. (For transfers subject to section 414(l) of the Code, report the date determined under 26 CFR 1.414(l)-1(b)(11).)

Example: The merger agreement between Plans A and B provides that participants of Plan A will cease accruing benefits under Plan A and begin coverage and benefit accruals under Plan B as of January 1, 2007, and that the obligation to pay benefits to Plan A participants will pass from Plan A to Plan B as of that date. The agreement also provides that Plan A's assets will be transferred to Plan B's account as soon as practicable. The transfer actually occurs on February 17, 2007. The effective date of the transfer is January 1, 2007.

You do not need to report any transfer unless the transferor plan ceased to exist in connection with the transfer — *i.e.*, transferred all of its assets and liabilities to your plan or to two or more plans including your plan. You also do not need to report a transfer in this item if you have no reasonable way of determining whether or not the transferor plan ceased to exist in connection with the transfer.

Note that premium proration is not available for "overlapping" premium payments resulting from a plan merger, consolidation, or spinoff.

NOTE: If we do not receive an expected premium filing from a plan, we normally contact the plan for an explanation. The purpose of reporting these transfers is to avoid the need for such correspondence where the reason a plan is not filing is that it has disappeared as the result of a merger, consolidation or spinoff. However, the report about transfers can only have its intended effect if we receive it from the transferee plan before the disappearing plan's next expected premium filing due date. If the transferee plan does not expect to file until after that, the need for correspondence can be avoided by sending us the report about transfers earlier — in writing — as described in item 4. under "CONTACTS," p. ii.

Information About Business Code and CUSIP Number (previously item 8, Form 1)

Report the 6-digit code that best describes the nature of the employer's business. If more than one employer is involved, report the business code for the predominant business activity of all employers. Choose one code from the list in Appendix B at the back of this package.

If a CUSIP number has been assigned to publicly traded securities of the plan sponsor or any member of the plan sponsor's controlled group, report the first 6 digits of the CUSIP number.

Name of Plan (previously item 9, Form 1)

Report the complete name of the plan as stated in the plan document. For example, "The ABC Company Pension Plan for Salaried Personnel."

Information About Plan Contact (previously item 10, Form 1)

Report the name and phone number of the person we may contact if we have any questions concerning this filing. If the filing is completed by a plan consultant, you may report the consultant's name and phone number.

Information About Plan Type (previously item 11, Form 1)

Report the plan type, *i.e.*, whether the plan is a multiemployer plan or a single-employer plan. See A.8., p. 6, for an explanation of the distinction between multiemployer and single-employer plans.

Information About Plan Year (previously item 12, Form 1)

Report the beginning date of the plan year for which you are making the premium payment (the first day of the premium payment year). If you are filing for the first year of a new plan, this should generally be the Plan Effective Date. However, if a newly created plan was adopted with a retroactive effective date, you may use the Plan Adoption Date as the first day of the plan year for purposes of determining the premium snapshot date, the filing due date, and premium proration (if any); in that case, report the Plan Adoption Date as the first day of the plan year.

Report the ending date of the plan year for which you are making the premium payment (the last day of the premium payment year).

If this filing is for the plan's last year because the plan has merged or consolidated into another plan or has spun off all its participants, liabilities, and assets to other plans, enter the effective date of the merger, consolidation, or spinoff. Note that a plan that has a short plan year because it disappears by merger, consolidation, or spinoff does not qualify for premium proration.

If this filing is for the plan's last year because the plan has terminated, enter —

a. for a multiemployer plan that distributed all its assets pursuant to section 4041A of ERISA, the date the distribution is completed; or

b. for a single-employer plan, the earlier of —

(1) the date on which the distribution of the plan's assets in satisfaction of all benefit liabilities was completed; or

(2) the date that a trustee for the terminating plan was appointed under ERISA section 4042.

If the month and day on which the plan year begins is not the same as that reported in your last premium filing for this plan, report that fact and provide a brief explanation for the change. Also report the adoption date of the plan year change; or, if the plan year beginning date has changed for a reason other than a change in the plan year — *i.e.*, because the plan uses a 52/53-week plan year, or because this is the second year of a plan whose first plan year was a short year — report that the change in the first day of the plan year is not due to an amendment changing the plan year (or report that the adoption date for the plan year change is "00/00/0000").

Participant Count (previously item 13, Form 1)

Report the participant count (the total number of participants covered by the plan, counted as of the premium snapshot date). This is the number on which the plan's premium is based.

For post-2000 plan years, newly created plans that do not grant past service credits typically have a participant count of zero for premium purposes. See the definition of "participant" in A.7., p. 4.

The participant count for premium computation purposes for a PBGC premium filing and the participant count for item 7 of the Form 5500 filed in the same year (*e.g.*, the 2007 premium filing and the 2006 Form 5500) are generally determined as of the same date, *i.e.*, the last day of the plan year preceding the year in which the filing is made. However, the two participant counts may differ. For example —

- For premium purposes, individuals who are earning or retaining credited service but with respect to whom a plan has no benefit liabilities are not counted as participants. But individuals who are earning or retaining credited service are considered to be participants for purposes of item 7 of the Form 5500, even if the plan has no benefit liabilities with respect to them.
- There is a difference in the break-in-service rules that apply to the participant count for premium purposes and to item 7 of Form 5500. For purposes of item 7 of Form 5500, whether a non-vested individual is excluded from the participant count because of a break in service depends upon the plan language; under the provisions of most plans, the instructions for item 7 would require that a separated non-vested individual be counted as a participant until the individual has incurred five or more consecutive one-year breaks in service. For premium purposes, on the other hand, a non-vested individual is excluded from the participant count because of a break in service when the individual has incurred a one-year break in service under the terms of the plan.

Information About the Premium (previously item 14, Form 1) (see **Note** below)

For a multiemployer plan, report the total premium. For a multiemployer plan, the total premium equals the flat-rate premium, and the flat-rate premium for plan years beginning in 2007 is $8 multiplied by the participant count.

For a single-employer plan, report the flat-rate premium, the variable-rate premium, and the total premium.

For a single-employer plan, the flat-rate premium for plan years beginning in 2007 is $31 multiplied by the participant count.

The variable-rate premium is determined in accordance with Part E, p. __.

For a single-employer plan that is not exempt from the variable-rate premium, the total premium equals the flat-rate premium plus the variable-rate premium.

Note: The 2007 per-participant flat premium rate of $31 for single-employer plans and $8 for multiemployer plans reflects inflation adjustments provided for in the Deficit Reduction Act of 2005.

Information About Premium Credits (previously item 15, Form 1)

Report your 2007 estimated premium payment, your other credit, and your total credit.

Your 2007 estimated premium payment is any amount you previously paid for the 2007 plan year with an estimated filing. Do not include any credits claimed in your estimated filing.

Your other credit is the aggregate amount of: (1) any available credit (other than an estimated short-year credit) claimed in your 2007 estimated filing, (2) any available credit from your 2006 premium filing, (3) any short-year credit (as explained in B.5. (Prorating Your Premium), p. 13), and (4) any other available credit. Provide an explanation of any other credit you claim (other than an available credit from your 2006 premium filing).

Your total credit is the sum of the 2007 estimated premium payment and your other credit.

Information About Payment Due PBGC (previously item 16, Form 1)

If the total premium equals or exceeds the total credit, subtract the total credit from the total premium and report the result as the amount due. This is the amount you owe PBGC.

You must pay the amount due by paper check or electronically. Report whether you are paying by paper check or electronically. Do not combine the premiums for two or more plans into one payment.

Follow the instructions in My PAA for the type of payment you are making; or, if you have an exemption from making this filing electronically and are filing your premium information on paper, then —

If you pay by paper check, write the EIN/PN for this filing and the First Day of the Plan Year (identified as "PYC") on the check and send the check with your paper filing.

If you pay by electronic funds transfer, make the transfer as described in item 3.d. under "CONTACTS" on p. ii. Report the EIN/PN for this filing and the First Day of the Plan Year (identified as "PYC") in the payment ID line of the electronic funds transfer in the format "EIN/PN: XX-XXXXXXX/XXX PYC: MM/DD/YY."

To ensure proper credit for your premium payment, the payment must be for the exact amount due for the plan. Do not combine payments for different plans in a single check or electronic funds transfer.

Information About Overpayment (previously item 17, Form 1)

If the total premium is less than the total credit, subtract the total premium from the total credit and report the result as the overpayment.

If you have an overpayment, you may request that the amount of the overpayment either be refunded or be applied against the next year's premium for the plan.

Report whether you want the amount of the overpayment to be applied against the next year's premium for the plan or refunded. If you request application of the overpayment against the next year's premium for the plan, you should claim the overpayment amount as a credit on the next year's premium filing for the plan.

If you request a refund, and you want the refund paid by electronic funds transfer, provide the bank routing number and account number to which the refund is to be credited and indicate whether the account is a checking account or savings account. If you want the refund credited to a sub-account within the main account, also provide the sub-account number.

See B.7.b., p. 18, for more information on overpayments.

Information About Attachments (paper filers only) (previously item 18, Form 1)

If you have an exemption from making this filing electronically and are filing your premium information on a paper PBGC form, report whether you are providing any explanation called for by these instructions. Be sure to show the EIN/PN for this filing and the first day of the plan year (identified as "PYC") at the top of each attachment to your filing that you use to provide an explanation.

Plan Administrator Certification (previously item 19, Form 1)

All of the information reported pursuant to this Part D must be certified by the plan administrator. Follow the certification instructions for the electronic filing method that you use to make your filing. If your plan is exempt from the electronic filing requirement for this filing, and you report the information on a paper PBGC form, complete the plan administrator certification on the form.

For a single-employer plan, you need not separately certify the information reported pursuant to Parts D and E. A single certification of all the information in your filing is sufficient.

Part E VARIABLE-RATE PREMIUM (AND OTHER) INFORMATION REQUIRED FOR SINGLE-EMPLOYER PLANS NOT CLAIMING EXEMPTION FROM THE VARIABLE-RATE PREMIUM (PREVIOUSLY FILED ON SCHEDULE A)

NOTE: This part applies only to single-employer plans (including new single-employer plans) that do not claim an exemption from the variable-rate premium. A plan is not exempt unless it meets the requirements for one of the exemptions described in the instructions for exempt plans in Part C. Having a variable-rate premium of zero is not the same as being exempt from the variable-rate premium. (See B.3.a., p 11, for a table that shows which Parts of this booklet contain the instructions applicable to various types of filers.) If your plan qualifies for an exemption and also has a variable-rate premium of zero, you may file either as an exempt plan or as a non-exempt plan. See B.3.d., p. 12.

This part describes the variable-rate premium information that must be provided for each single-employer plan (including a new single-employer plan) that does not claim an exemption from paying the variable-rate premium. (Paying a zero variable-rate premium is not the same as being exempt from the variable-rate premium.) It also describes information relating to the Participant Notice requirement that must be provided by single-employer plans that do not claim exemption from the variable-rate premium.

This part also explains how to determine the amount of the variable-rate premium. For some plans, the amount will be $0. You must make a premium filing even if the variable-rate premium is $0.

The variable-rate premium is $9 per $1,000, or fraction thereof, of unfunded vested benefits as of the premium snapshot date (subject to a cap for plans of certain small employers). The vested benefits must be valued using the Required Interest Rate (see A.7., p. 6.)

Note: There is a change in the assumptions and methods for calculating the variable-rate premium for 2007. This is because the IRS has published a final rule (72 FR 4955, February 2, 2007) prescribing new mortality tables for determining current liability under ERISA section 302(d)(7)(C)(ii)(II), effective for plan years beginning in 2007. Accordingly, under ERISA section 4006(a)(3)(E)(iii), the Required Interest Rate for 2007 is 100 percent of the annual rate of interest determined by the Secretary of the Treasury on amounts invested conservatively in long-term investment-grade corporate bonds for the calendar month preceding the calendar month in which the premium payment year begins, and the market value (rather than actuarial value) of assets is to be used in determining unfunded vested benefits for 2007 premiums. However, most plans will not use the new mortality tables themselves to determine 2007 premiums. That is because premiums are calculated as of the premium snapshot date, which for most plans is the last day of the 2006 plan year. The old mortality tables were still in effect for plan years beginning in 2006. Plans with premium snapshot dates that fall in plan years beginning in 2007 (such as new plans) will use the new tables.

We remind filers that, in the preamble to the October 5, 1988, proposed premium regulation, PBGC stated:

> Finally, the PBGC has received inquiries as to whether to include contingent benefits, such as "30-and-out" and disability benefits, in determining a plan's vested benefits. Unless a participant has met the requirements for and become entitled to receive a contingent-type benefit, the benefit is not a vested benefit for premium purposes. . . . Thus, 30-and-out benefits and disability benefits for which a participant is not immediately eligible as of the last day of the plan year preceding the premium payment year are not included in vested benefits as of that date.

53 F.R. 39200, 39201-202.

Note: Money amounts reported should be in dollars only (no cents). Rounding rules are provided in the instructions below.

Note For Plans With More Than One Plan Year Beginning in 2006 or 2007: References in these instructions to the 2006 plan year (and to filings and notices for the 2006 plan year) should be considered to refer to your plan's most recent complete plan year. For example, a plan that changes its plan year could have two plan years beginning in calendar 2007. When such a plan makes its premium filing(s) for its second 2007 plan year, the references in these instructions to the 2006 plan year (and to filings and notices for the 2006 plan year) should be considered to refer to the plan's first 2007 plan year (and to filings and notices for that plan year), because that is the plan's most recent complete plan year. Similarly, if your plan had two plan years beginning in calendar 2006, the references in these instructions to the 2006 plan year (and to filings and notices for the 2006 plan year) should be considered to refer to the plan's second 2006 plan year, which is the plan's most recent complete plan year.

Information Relating to Filing Method (Previously Item 1, Schedule A)

Report which filing method you use to calculate the variable-rate premium. There are three filing methods, which are described in detail below. They are —

- the General Rule method;
- the Alternative Calculation Method (ACM); and
- the modified ACM for plans in distress or involuntary terminations.

If you use the modified ACM, report the proposed date of plan termination (in a distress termination) or the date of plan termination sought by PBGC (in an involuntary termination). That date must be on or before the premium snapshot date. In addition, you must follow the instructions in Part F, which tell you how to modify the ACM instructions in this Part E.

Any plan may use the General Rule method. The General Rule method requires a determination of vested benefits and assets and a determination of unfunded vested benefits by an enrolled actuary as of the premium snapshot date. (A more complete description of the General Rule method is at a., below.)

To avoid the expense that might be involved in using the General Rule method, you may wish to consider using the Alternative Calculation Method (ACM). The ACM requires only an adjustment of amounts determined as of the first day of the plan year preceding the premium payment year that are required to be reported in the plan's Form 5500, Schedule B. (A more complete description of the ACM is at b. on p. 33.)

If your plan is terminating in a distress or involuntary termination, you may instead use the modified ACM for such plans. The modified ACM uses the Schedule B for the termination plan year or, if unavailable, for the preceding plan year. (A more complete description of the modified ACM is at c. on p. 34.) If you use the modified ACM, you must follow the instructions in Part F, which tell you how to modify the ACM instructions in this Part E.

Your plan may be eligible for more than one filing method. However, you may select only one filing method. Under some filing methods, it may take more time to determine the variable-rate premium information than under others. Some methods require the services of an enrolled actuary. We urge you to review the descriptions of the three filing methods carefully before making your premium filing in order to take advantage of the filing method that best suits your needs.

a. _General Rule_. Under the General Rule, an enrolled actuary determines the amount of unfunded vested benefits as of the premium snapshot date, in accordance with ERISA section 4006(a)(3)(E)(iii) and generally accepted actuarial principles and practices. The actuary may either perform a valuation as of the premium snapshot date, or adjust the results of a valuation done as of a different date to reflect any differences in plan assets, population, and provisions between the different valuation date and the premium snapshot date so that the adjusted results satisfy all of the requirements for the General Rule method. A plan's unfunded vested benefits equal the excess of: (1) the plan's current liability (within the meaning of ERISA section 302(d)(7)) determined by taking into account only vested benefits and valued at the Required Interest Rate described in A.7., p. 6, over (2) the market value of the plan's assets without a reduction for any credit balance in the plan's funding standard account. (Section 302(d)(7)(C)(ii) of ERISA and Code section 412(*l*)(7)(C)(ii) require that a plan's current liability be determined using specified mortality tables. As noted above, the tables are changing for 2007, but the change will not be reflected in 2007 variable-rate premium calculations for most plans.)

(1) General Requirements: The determination under the General Rule must reflect the plan's population and provisions as of the premium snapshot date. Population data may be based on an actual census or a representative sample of the plan's population. The enrolled actuary must make the determination using the same actuarial assumptions and methods used by the plan for purposes of determining the minimum funding contributions under section 302 of ERISA and section 412 of the Code for the plan year in which the premium snapshot date falls, except to the extent that other actuarial assumptions are specifically prescribed by these instructions or are necessary to reflect the occurrence of a Significant Event (as described in A.7., p. 5) between the date of the funding valuation and the premium snapshot date. (If the plan does a funding valuation as of the premium snapshot date, no separate adjustment for Significant Events is needed.)

Under this rule, the determination of the unfunded vested benefits may be based on a plan funding valuation performed as of the first day of the premium payment year, provided that —

(i) the actuarial assumptions and methods used are those used by the plan for purposes of determining the minimum funding contributions under section 302 of ERISA and section 412 of the Code for the premium payment year, except to the extent that other actuarial assumptions are specifically prescribed by these instructions or are required to make the adjustment described in paragraph (ii) below; and

(ii) if an enrolled actuary determines that there is a material difference between the values determined under the valuation and the values that would have been determined as of the premium snapshot date using the assumptions and methods for the plan year in which the premium snapshot date falls, the valuation results are adjusted to reflect appropriately the values as of the premium snapshot date using those assumptions and methods. (This adjustment need not be made if the unadjusted valuation would result in greater unfunded vested benefits.)

(2) Certification Requirement (in addition to plan administrator certification): In all cases under the General Rule, an enrolled actuary must certify the variable-rate premium information.

(3) Size Requirement: Plans with any number of participants may use this method.

b. *Alternative Calculation Method*. This method is a simplified method intended to approximate the more precise determinations of the General Rule. It uses two sets of formulas to calculate unfunded vested benefits as of the premium snapshot date.

The first set of formulas adjusts the value of vested benefits for participants in pay status and deferred vested participants, as reported on Schedule B of the Form 5500 as of the first day of the plan year preceding the premium payment year, using the Required Interest Rate prescribed by ERISA. The Required Interest Rate that applies to your plan is determined as described in A.7., p. 6.

The second set of formulas adjusts the value of unfunded vested benefits for the passage of time from the first day of the plan year preceding the premium payment year to the premium snapshot date (and, for large plans, adjusts for the occurrence of Significant Events). The adjustment is necessary because, for premium purposes, unfunded vested benefits are determined as of the premium snapshot date.

See the instructions for **Adjusted Value of Vested Benefits** and **Adjusted Unfunded Vested Benefits**, below, for the two sets of formulas.

If the Alternative Calculation Method is used by a plan that has 500 or more participants as of the premium snapshot date, an enrolled actuary must determine the adjustment to unfunded vested benefits to reflect the occurrence of any Significant Event (as described in A.7., p. 5) between the first day of the plan year preceding the premium payment year and the premium snapshot date.

(1) General Requirements: To use the Alternative Calculation Method, a plan must file a Form 5500 and Schedule B, for the plan year preceding the premium payment year, that has —

(i) vested benefit values reported in items 2b*(1)*, 2b*(2)*, and 2b*(3)*;

(ii) the interest rate, reported in item 6a*(1)*, used to determine the vested benefit values;

(iii) the assumed retirement age reported in item 6b; and

(iv) assets reported in item 2a.

(2) Certification Requirements (in addition to plan administrator certification): For plans with 500 or more participants, an enrolled actuary must certify the variable-rate premium information.

(3) Size Requirements: Plans with any number of participants may use this method. However, plans with 500 or more participants that use this method must report unfunded vested benefits that reflect the occurrence, if any, of Significant Events listed in A.7., p. 5.

c. *Modified Alternative Calculation Method For Plans Terminating In Distress Or Involuntary Terminations*. Under this special rule, plans terminating in distress or involuntary terminations may use a modified version of the Alternative Calculation Method. If you use this filing method, you must follow the instructions in Part F that tell you how to modify the ACM filing instructions.

(1) General Requirements: The following plans may use this method:

- Plans that issue notices of intent to terminate in a distress termination in accordance with ERISA section 4041(a)(2) setting forth a proposed termination date that is on or before the premium snapshot date; or
- Plans for which PBGC has initiated proceedings for an involuntary termination and has sought a termination date on or before the premium snapshot

date.

Some plans terminating in distress or involuntary terminations may not file the Schedule B for the plan year preceding the premium payment year and therefore would not be able to use the Alternative Calculation Method to calculate unfunded vested benefits. This filing method allows such plans to calculate unfunded vested benefits under a variation of the Alternative Calculation Method that uses vested benefit values and asset values from an earlier Schedule B than under the Alternative Calculation Method. The Schedule B used under this special rule must be for the plan year that includes (in the case of a distress termination) the proposed date of termination or (in the case of an involuntary termination) the termination date sought by PBGC, or, if no Schedule B is filed for that plan year, the Schedule B for the preceding plan year. The Schedule B must have the entries required for the Alternative Calculation Method, as described in these instructions.

NOTE: This method assumes (in the case of a distress termination) that PBGC has not disapproved the termination or (in the case of an involuntary termination) that PBGC's petition for involuntary termination has not been denied, dismissed, or withdrawn. If any of these events occurs, the plan will be treated as an ongoing plan and must file amended premium forms using another permitted filing method. If additional premiums are due, interest and penalties will be charged retroactive to the original due date(s).

(2) Certification Requirement (in addition to plan administrator certification): Same as for Alternative Calculation Method.

(3) Size Requirement: Same as for Alternative Calculation Method.

Information Relating to Present Value Of Vested Benefits (Previously Item 2, Schedule A)

In reporting information relating to the present value of vested benefits, round entries that include cents down to the next lower whole dollar amount.

Determination Date

General Rule filers: Report the date as of which the value of vested benefits was determined for premium purposes (the "determination date"). The determination date must be the premium snapshot date.

ACM filers: Report the date as of which the value of vested benefits for the 2006 Form 5500, Schedule B, item 2b, was determined (the "determination date"). That date must be the first day of the 2006 plan year. If it is not, you cannot use the Alternative Calculation Method. (Modified ACM filers may report a different determination date as explained in Part F.)

Assumed Retirement Age

Report the assumed retirement age used to determine the present value of vested benefits for participants and beneficiaries not receiving payments. For **ACM** filers, this must be the same as the retirement age actuarial assumption reported on the 2006 Form 5500, Schedule B, item 6b.

Required Interest Rate

Report the Required Interest Rate (see A.7., p. 6).

General Rule filers use the Required Interest Rate to value vested benefits for premium purposes. **ACM** filers use the Required Interest Rate to determine the adjusted present value of vested benefits.

Accrual Factor

General Rule filers: Do not report an accrual factor.

ACM filers: Report the accrual factor that is used to adjust for benefit accruals under the "Benefit Adjustment Rules for ACM filers" to determine the adjusted value of vested benefits, described below. The factor must be 1.07. (Modified ACM filers may report a different factor as explained in Part F below.)

Information Relating to Plan Value of Vested Benefits (Previously Item 2(a), Schedule A)

General Rule filers: Do not report information relating to plan value of vested benefits.

ACM filers: Report the following information:

Plan Value Of Vested Benefits For Those Receiving Payments (previously item 2(a)(1) (Value column), Schedule A) (**ACM** filers only)

Report the present value of vested benefits for retirees and beneficiaries receiving payments, determined as of the first day of the 2006 plan year (the "plan value of vested benefits for those receiving payments"). The amount entered must be the same as the amount reported on the 2006 Form 5500, Schedule B, item 2b*(1)*, in the Vested Benefits column, "Operational information as of beginning of this plan year — 'RPA '94' current liability — for retired participants and beneficiaries receiving payments."

Plan Value of Vested Benefits For Those Not Receiving Payments (previously item 2(a)(2) (Value column), Schedule A) (**ACM** filers only)

Report the present value of vested benefits for participants not receiving payments, determined as of the first day of the 2006 plan year (the "plan value of vested benefits for those not receiving payments"). This includes all active vested participants and separated participants with deferred vested benefits. The amount entered must be the sum of the following two amounts reported on the 2006 Form 5500, Schedule B:

a. Item 2b*(2)*, in the Vested Benefits column, "Operational information as of beginning of this plan year — 'RPA '94' current liability — for terminated vested participants," and

b. Item 2b*(3)*, in the Vested Benefits column, "Operational information as of beginning of this plan year — 'RPA '94' current liability — for active participants."

Current Liability Interest Rate (previously item 2(a) (Interest Rate column), Schedule A) (**ACM** filers only)

Report the current liability interest rate used to determine the present value of vested benefits. The interest rate must be the same as the current liability interest rate reported on the 2006 Form 5500, Schedule B, item 6a.

Total Plan Value of Vested Benefits (previously item 2(a)(3), Schedule A) (**ACM** filers only)

Report the total amount of the present value of vested benefits determined with the plan's actuarial assumptions (the "total plan value of vested benefits"). This is the total of the plan value of vested benefits for those receiving payments plus the plan value of vested benefits for those not receiving payments. The amount entered must be the same as the amount on the 2006 Form 5500, Schedule B, item 2b*(4)* in the Vested Benefits column, "Operational information as of beginning of this plan year — 'RPA '94' current liability: — Total."

Information Relating to Adjusted Value of Vested Benefits (Previously Item 2(b), Schedule A)

General Rule filers: Report the value of the plan's vested benefits, determined in accordance with the requirements set forth in the instructions for Information Relating to Filing Method above. Report separately the value for retirees and beneficiaries receiving payments (the "adjusted value of vested benefits for those receiving payments"), the value for participants not receiving payments (the "adjusted value of vested benefits for those not receiving payments"), and the total adjusted value of vested benefits (the sum of the adjusted value of vested benefits for those receiving payments and the adjusted value of vested benefits for those not receiving payments). The following two Relief Rules apply only to General Rule filers. (**ACM** filers: see instructions following the two Relief Rules for General Rule filers.)

Relief Rule for General Rule Filers: Accrued Benefit Relief Rule For Large Plans

This is a special rule providing relief from determining vested benefits for certain plans that had 500 or more participants on the premium snapshot date and that are using the General Rule filing method.

If an enrolled actuary determines that the adjusted value of plan assets (determined in accordance with these instructions — see below) equals or exceeds the value of all benefits accrued under the plan (using plan assumptions, except that the benefits must be valued at the Required Interest Rate), the enrolled actuary need not determine the values of the plan's vested benefits. The actuary may instead report the values of accrued benefits adjusted only for the Required Interest Rate. In that case, references in these instructions to the plan's total adjusted vested benefits mean the total accrued benefits as so determined.

Relief Rule for General Rule Filers: Interest Adjustment Relief Rule

If you use the General Rule filing method and the Required Interest Rate for your plan is equal to or greater than the current liability interest rate, the value of the plan's vested benefits that you report may be determined using the current liability interest rate instead of the Required Interest Rate.

ACM filers: Report the following information:

Adjusted Value of Vested Benefits For Those Receiving Payments (previously item 2(b)(1), Schedule A)

Report the adjusted value of vested benefits for retirees and beneficiaries receiving payments (the "adjusted value of vested benefits for those receiving payments"), determined by adjusting the plan value of vested benefits for those receiving payments to value the benefits using the Required Interest Rate. To adjust the value of the benefits, you must follow the Vested Benefit Adjustment Rules for ACM filers below.

Adjusted Value of Vested Benefits For Those Not Receiving Payments (previously item 2(b)(2), Schedule A)

Report the adjusted value of vested benefits for participants not receiving payments (the "adjusted value of vested benefits for those not receiving payments"), determined by adjusting the plan value of vested benefits for those not receiving payments to add benefit accruals for the plan year preceding the premium payment year and to value the benefits using the Required Interest Rate. The adjustment for benefit accruals is 7 percent of the plan value of vested benefits for those not receiving payments. To add the benefit accruals and to adjust the value of the benefits using the Required Interest Rate, you must follow the Vested Benefit Adjustment Rules for ACM filers below.

Total Adjusted Value of Vested Benefits (previously item 2(b)(3), Schedule A)

Report the total adjusted value of vested benefits. This amount is the total of the adjusted value of vested benefits for those receiving payments plus the adjusted value of vested benefits for those not receiving payments.

Vested Benefit Adjustment Rules for ACM filers — How To Compute Adjusted Value of Vested Benefits

ACM filers must compute the adjusted value of vested benefits using the adjustment formulas below unless the following relief rule applies.

Relief Rule for ACM filers: If the Required Interest Rate for your plan is equal to or greater than the current liability interest rate used to determine the present value of vested benefits, you do not have to use the adjustment formulas below to calculate the adjusted value of vested benefits. However, you must adjust the plan value of vested benefits for those not receiving payments by multiplying it by 1.07, the accrual factor. Report as the adjusted value of vested benefits for those receiving payments the same amount as the plan value of vested benefits for those receiving payments, and report as the adjusted value of vested benefits for those not receiving payments an amount equal to the plan value of vested benefits for those not receiving payments multiplied by 1.07 (the accrual factor).

Adjustment Formulas for ACM filers: Use the formulas below to compute the adjusted value of vested benefits for those receiving payments and the adjusted value of vested benefits for those not receiving payments. Enter all interest rates in the formulas as in the following example: Enter 6.75 percent as "6.75," not as ".0675."

The formulas adjust the plan value of vested benefits for those receiving payments and the plan value of vested benefits for those not receiving payments to reflect the Required Interest Rate and to adjust for benefit accruals during the plan year preceding the premium payment year.

One part of the formulas, the expression "$.94^{(RIR - BIR)}$," may result in a fractional exponent and will result in a negative exponent when your plan's current liability interest rate is higher than the Required Interest Rate. You may use an optional procedure to substitute a factor for this expression. See "How To Use Substitution Factors for the term '$.94^{(RIR - BIR)}$'" below.

Formula for adjusted value of vested benefits for those receiving payments:

$$VB_{Pay} \times .94^{(RIR - BIR)}$$

Formula for adjusted value of vested benefits for those not receiving payments:

$$VB_{Nonpay} \times .94^{(RIR - BIR)} \times ((100 + \mathrm{BIR}) / (100 + \mathrm{RIR}))^{(ARA - 50)}$$

Definitions of terms used in the formulas:

VB_{Pay} is the plan value of vested benefits for those receiving payments

VB_{Nonpay} is the plan value of vested benefits for those not receiving payments multiplied by 1.07 (the accrual factor)

RIR is the Required Interest Rate

BIR is the current liability interest rate

ARA is the assumed retirement age

How To Use Substitution Factors for the term "$.94^{(RIR - BIR)}$"

You may use "substitution factors" in the Alternative Calculation Method adjustment formulas to replace the term "$.94^{(RIR - BIR)}$." The use of the "substitution factors" is *not* required; it is *optional*.

The use of the "substitution factors" may slightly overstate the present value of vested benefits and may overstate the amount of the variable-rate premium. PBGC has rounded all substitution factors up or down to produce the higher value of vested benefits. The impact of this rounding is minimal. At most, the rounding would overstate the value of vested benefits by less than 1 percent. The substitution factors are in Appendix A. Use the substitution factor in Table A when RIR is equal to or greater than BIR rounded to the nearest hundredth. Use the substitution factor in Table B when BIR, rounded to the nearest hundredth, is greater than RIR.

Information Relating to Value Of Plan Assets (Previously Item 3, Schedule A)

Value Of Plan Assets As Of The Determination Date (previously item 3(a), Schedule A)

General Rule filers:

Report the market value of the plan's assets as of the determination date without a reduction for any credit balance in the funding standard account (the "value of plan assets as of the determination date"). Round any amount that includes cents up to the next higher whole dollar amount. You may not include contributions for the premium payment year or later, whether or not made. Adjust all receipts and disbursements for interest.

ACM filers:

Report the market value of assets as of the determination date as reported on the 2006 Schedule B, item 2a (the "value of plan assets as of the determination date"). Round an entry that includes cents up to the next higher whole dollar amount.

Contribution Receivables Included In The Value Of Plan Assets As Of The Determination Date (previously item 3(b), Schedule A)

All filers: Report the sum of employer and employee contribution receivables that were included in the value of plan assets as of determination date (the "contribution receivables included in the value of plan assets as of the determination date"). Round an entry that includes cents down to the next lower whole dollar amount. Keep a record of your calculations.

Discounted Paid Contributions (previously item 3(c), Schedule A)

All filers: For plans with fewer than 500 participants, this information need not be reported. If you do not report this information, you might understate the adjusted value of plan assets. If this would affect the amount of the variable-rate premium that the plan owes, you may wish to report the discounted paid contributions.

Report the sum of the discounted values of those employer and employee contributions that were paid for plan years <u>before</u> the premium payment year and that either were part of the contribution receivables included in the value of plan assets as of the determination date described above or were not included (as receivables or otherwise) in the value of plan assets as of the determination date (the "discounted paid contributions"). Round any amount that includes cents up to the next higher whole dollar amount. Do not include any contributions that are for the premium payment year or any contributions that have not been paid on or before the earlier of the due date for the variable-rate premium or the date that premium is paid.

The plan year for which a contribution is made is the plan year for which the contribution is credited to the funding standard account as "the amount considered contributed by the employer to or under the plan for the plan year" pursuant to section 412(b)(2)(A) of the Code and section 302(b)(2)(A) of ERISA. (See the preamble to the July 10, 1989, final premium regulation, 54 F.R. 28944, 28949.)

The contributions must be discounted back to the Determination Date as follows:

General Rule filers: Discount the contributions using the plan asset valuation rate, on a simple or compound basis in accordance with the plan's discounting rules.

ACM filers: Discount the contributions using the formula in the "Discounting Procedure for ACM filers" below.

Discounting Procedure for ACM filers — How To Discount Contributions

You must use the formula below to discount each contribution from the date paid back to the determination date.

Each "discounted contribution" (DC) is computed by dividing the contribution paid by the "discount interest rate factor" for the discount period. The computation of the "discount interest rate factor" is based on the Required Interest Rate. Thus, for example, if the RIR is 6.30 percent, the "discount interest rate factor" is 1.0630. The "discount period" (DP) is the number of days from the date the contribution was paid back to the determination date. As part of the exponent in the formula, the "discount period" adjusts the "discount interest rate factor" for periods of different durations. One year is 365/365 or 1. (The formula assumes a 365-day year.)

Discounted Contribution (DC) =
$\text{Contribution} / [(1 + (\text{RIR} / 100))^{(\text{DP} / 365)}]$

Definitions of terms used in the formula:

RIR is the Required Interest Rate

DP is the discount period expressed as the number of days from the date the contribution was paid back to the determination date; for example, one year and 183 days would be 548 days

Example A calendar year plan paying its premium for the 2007 premium payment year received a $1,000 contribution on July 3 of the premium payment year for the prior plan year. The discount period is July 3 of the premium payment year to January 1 of the prior plan year, or 548 days. Assume that the RIR for the premium payment year is 6.30 percent. When Contribution = $1,000, RIR = 6.30 percent, and the Discount Period (DP) = 548 days, the amount of the Discounted Contribution (DC) is computed as follows:

$$\text{DC} = \$1{,}000 / [(1 + (6.30/100))^{(548/365)}]$$
$$\text{DC} = \$1{,}000 / [(1 + 0.0630)^{(1.50137)}]$$
$$\text{DC} = \$1{,}000 / [(1.0630)^{(1.50137)}]$$
$$\text{DC} = \$1{,}000 / 1.096065$$
$$\text{DC} = \$912.35$$

If the discount period for a contribution includes a partial year, instead of using this formula for the entire period, you may use simple interest for the partial year and this formula for the full year(s), if any, in the discount period, and add the two results.

Adjusted Value Of Plan Assets (previously item 3(d), Schedule A)

All filers: Enter the adjusted value of plan assets. The adjusted value of plan assets is equal to the value of plan assets as of the determination date, minus the contribution receivables included in the value of plan assets as of the determination date, plus the discounted paid contributions.

Information Relating to Significant Events (Previously Item 4, Schedule A) (ACM or Modified ACM filers with 500 or more participants only)

Information relating to significant events must be provided for a plan that has 500 or more participants and is using the ACM or Modified ACM. If you are required to provide this information, then the unfunded vested benefits that you report must be adjusted for the occurrence of any significant events and the adjustment must be consistent with generally accepted actuarial principles and practices.

Do not provide this information if you are using the General Rule method or if your plan has fewer than 500 participants.

Types of Significant Events That Occurred Between the Determination Date and the Premium Snapshot Date (previously item 4(a), Schedule A)

Report the types of significant events that occurred between the determination date and the premium snapshot date. The significant events are listed in A.7., p. 5; you may report the type of a significant event by simply reporting its number in that list. If no significant events occurred, report that no significant events occurred.

Total Amount of Adjustment Due to Significant Events (previously item 4(b), Schedule A)

Report the total amount of adjustment due to significant events. If the amount is negative, so indicate. A significant event adjustment is negative if it decreases unfunded vested benefits.

Adjusted Unfunded Vested Benefits (Previously Item 5, Schedule A)

General Rule filers: If the total adjusted vested benefits is less than or equal to the adjusted value of plan assets, report $0 as the adjusted unfunded vested benefits; if not, subtract the adjusted value of plan assets from the total adjusted vested benefits, round up to the next $1,000, and report the result as the adjusted unfunded vested benefits.

ACM filers: To determine adjusted unfunded vested benefits, use the "Adjusted UVB Procedure" below.

Adjusted UVB Procedure for ACM filers — How To Compute Adjusted Unfunded Vested Benefits

Plans with fewer than 500 participants use only Step 1 and (if necessary) Step 2 below. Plans with 500 or more participants use Step 1, Step 2 and Step 3 below.

Step 1. Compute the amount of unfunded vested benefits as of the determination date using the following formula:

$$UVB_{Determ} = VB_{Adj} - A_{Adj}$$

Definitions of terms used in the formula:

UVB_{Determ} is the unfunded vested benefits as of the determination date
VB_{Adj} is the total adjusted value of vested benefits
A_{Adj} is the adjusted value of plan assets

Note that UVB_{Determ} may be negative.

If the plan has fewer than 500 participants and UVB_{Determ} is negative or zero, then skip Steps 2 and 3 and report $0 as the plan's adjusted unfunded vested benefits. Otherwise, continue with Step 2.

Step 2. Adjust the unfunded vested benefits to reflect the passage of time from the determination date to the premium snapshot date using the following formula:

$$UVB_{Snapshot} = UVB_{Determ} \mathbf{x} (1 + RIR / 100)^{Y}$$

Definitions of terms used in the formula:

$UVB_{Snapshot}$ is the unfunded vested benefits adjusted to reflect the passage of time from the determination date to the premium snapshot date
UVB_{Determ} is the unfunded vested benefits as of the determination date computed in Step 1
RIR is the Required Interest Rate
Y is deemed to be equal to 1 (unless the plan year preceding the premium payment year is a short plan year, in which case Y is the number of days in the short plan year (counting both the first day and the last day of the short plan year) divided by 365, expressed as a decimal fraction of 1.0 with two digits to the right of the decimal point)

Note that $UVB_{Snapshot}$ may be negative if the plan has 500 or more participants.

If the plan has fewer than 500 participants, then skip Step 3, round $UVB_{Snapshot}$ up to the next $1,000, and report the result as the plan's adjusted unfunded vested benefits. Otherwise, continue with Step 3.

Step 3. Adjust the unfunded vested benefits to reflect the occurrence of any significant events during the plan year preceding the premium payment year using the following formula:

$$UVB_{SigEvt} = UVB_{Snapshot} + ADJ_{SE}$$

Definitions of terms used in the formula:

UVB_{SigEvt} is the unfunded vested benefits adjusted to reflect the passage of time from the determination date to the premium snapshot date and to reflect the occurrence of any significant events during the plan year preceding the premium payment year
$UVB_{Snapshot}$ is the unfunded vested benefits adjusted to reflect the passage of time from the determination date to the premium snapshot date, computed in Step 2
ADJ_{SE} is the amount of adjustment due to significant events

Note that either or both of $UVB_{Snapshot}$ and ADJ_{SE} may be negative, and thus UVB_{SigEvt} may be negative.

If UVB_{SigEvt} is negative or zero, then report $0 as the plan's adjusted unfunded vested benefits. Otherwise, round UVB_{SigEvt} to the next $1,000 and report the result as the plan's adjusted unfunded vested benefits.

Information Relating to Variable-Rate Premium Cap (New Item)

All Filers: Report whether your plan qualifies for the cap on the variable-rate premium for plans of certain small employers. (You must report either that the plan qualifies or that the plan is not claiming qualification for this cap.) The cap applies to a plan if the aggregate number of employees of all contributing sponsors of the plan and all members of the contributing sponsors' controlled groups, as of the first day of the premium payment year, is 25 or less. Note that this rule depends on the number of employees, not the number of plan participants. Note also that employees are counted as of the first day of the premium payment year, not as of the premium snapshot date. PBGC plans to provide further guidance on this new rule; check PBGC's Web site for more details before you file.

If the plan qualifies as a small-employer plan, the variable-rate premium is capped. The amount of the cap is $5 times the square of the plan's participant count for the premium payment year (the same participant count used for the flat-rate premium for the premium payment year). For example, if the participant count is 20, the cap is $2,000 ($\$5 \times 20^2 = \$5 \times 400 = \$2,000$). The variable-rate premium owed is the lesser of the cap amount or the amount determined in the normal manner using the General Rule, ACM, or modified ACM.

Variable-Rate Premium (Previously Item 6, Schedule A)

All filers: Report the variable-rate premium. If the plan is not claiming qualification for the cap on the variable-rate premium for plans of certain small employers, the variable-rate premium is equal to the adjusted unfunded vested benefits multiplied by 0.009. If the plan qualifies for the cap on the variable-rate premium for plans of certain small employers, the variable-rate premium is the lesser of —

(1) the adjusted unfunded vested benefits multiplied by 0.009, or

(2) $5 times the square of the participant count for the premium payment year (the same participant count used for the flat-rate premium for the premium payment year).

Information Relating to Participant Notice Requirement (Previously Item 7, Schedule A)

For each plan year (through the 2006 plan year) for which a variable-rate premium was payable for a plan, the plan administrator was required by ERISA section 4011 to issue a notice to participants about the plan's funding status and the limits on PBGC's guarantee, unless the plan was exempt from the notice requirement under ERISA and PBGC's regulation on Disclosure to Participants. (The regulation contains an exemption for most new and newly-covered plans.)

ERISA section 4011 was repealed by the Pension Protection Act of 2006, effective for plan years beginning after 2006. Thus 2006 was the last plan year for which a Participant Notice was required. This item relates to the Participant Notice requirement for the 2006 plan year.

The Participant Notice for a plan year was due no later than two months after the due date (or extended due date) for the Form 5500 series for the prior plan year. Thus, the 2006 Participant Notice was due two months after the due date (or extended due date) for the 2005 Form 5500 series. For purposes of determining whether the Participant Notice was timely issued, if any due date (or extended due date) fell on a Saturday, Sunday, or legal holiday, the applicable due date was the next business day.

If a Participant Notice under ERISA section 4011 and 29 CFR Part 4011 was not required to be issued for this plan for the 2006 plan year, report that for the 2006 plan year, a Participant Notice under ERISA section 4011 and 29 CFR Part 4011 was not required to be issued for this plan.

If a Participant Notice under ERISA section 4011 and 29 CFR Part 4011 was issued for this plan for the 2006 plan year, on time and in accordance with all other applicable requirements, report that for the 2006 plan year, a Participant Notice under ERISA section 4011 and 29 CFR Part 4011 was issued for this plan on time and in accordance with all other applicable requirements.

Otherwise (*e.g.*, because a required Participant Notice was not issued on time or failed to meet any other applicable requirement), report that an explanation about the Participant Notice under ERISA section 4011 and 29 CFR Part 4011 for this plan for the 2006 plan year is included with this filing, and include an explanation with your filing.

Plan Administrator Certification

All filers: All of the information reported pursuant to this Part E must be certified by the plan administrator. Follow the certification instructions for the electronic filing method that you use to make your filing. If your plan is exempt from the electronic filing requirement for this filing, and you report the information on a paper PBGC form, complete the plan administrator certification on the form.

You need not separately certify the information reported pursuant to Parts D and E. A single certification of all the information in your filing is sufficient.

Enrolled Actuary Certification

General Rule filers: All of the information reported pursuant to this Part E, other than the information relating to the Participant Notice requirement, must be certified by an enrolled actuary.

ACM filers: If the plan has 500 or more participants, all of the information reported pursuant to this Part E, other than the information relating to the Participant Notice requirement, must be certified by an enrolled actuary.

All filers: The actuary must follow the certification instructions for the electronic filing method that is used to make the filing. If the plan is exempt from the electronic filing requirement for this filing, and the information is reported on a paper PBGC form, the actuary must complete the enrolled actuary certification on the form.

Part F MODIFIED ALTERNATIVE CALCULATION METHOD FOR PLANS TERMINATING IN DISTRESS OR INVOLUNTARY TERMINATIONS

If you use the Modified Alternative Calculation Method (ACM) for plans terminating in distress or involuntary terminations, you must follow the instructions in this Part F, which modify the instructions for determining and reporting the variable-rate premium information in Part E for ACM filers.

Report the proposed date of plan termination (in a distress termination) or the date of plan termination sought by PBGC (in an involuntary termination). This date is referred to in this Part F as the "DOPT."

For plans using the Modified ACM, the instructions for determining the variable-rate premium are the same as for the Alternative Calculation Method (See Part E of these instructions) subject to the modifications described below. However, under the Modified Alternative Calculation Method, you will generally be using data from a Schedule B for a plan year earlier than the plan year preceding the premium payment year.

Most of the relevant item numbers on Schedule B have remained the same since 1996. However, item 6a on the current Schedule B was numbered as item 6a*(1)* on the 1996 - 2003 Schedule B.

If you are able to use the same Schedule B as under the Alternative Calculation Method, which is the 2006 Schedule B for the 2007 premium payment year, the ACM and the Modified ACM are almost identical; the only difference is that the Modified ACM may result in a smaller adjustment for accruals during the plan year preceding the premium payment year, since it would adjust only up to the DOPT. (See Modification 2 below.) Thus, if you use the Modified ACM with a Schedule B for the plan year preceding the premium payment year, you may ignore Modifications 1 and 3 below, and apply only Modification 2 to the Alternative Calculation Method.

The modifications, which are generally designed to reflect and to adjust for the fact that the Schedule B data were determined as of an earlier date, are as follows:

Modification 1.

<u>Substitute the first day of the plan year of the Schedule B you are using for the first day of the Alternative Calculation Method Schedule B year.</u>

Example A calendar year plan is paying its 2007 premium. The plan has a DOPT of September 1, 2006, and a premium snapshot date of December 31, 2006, and is using data from its 2005 Schedule B to calculate the variable-rate portion of its premium. For this plan —

1. the determination date is January 1, 2005;
2. the plan value of vested benefits and the adjusted value of vested benefits must be determined as of January 1, 2005;
3. the value of plan assets as of the determination date must be determined as of January 1, 2005;
4. the contribution receivables included in the value of plan assets as of the determination date are those that were so included as of January 1, 2005;
5. the discounted paid contributions are those contributions for plan years before the premium payment year that as of January 1, 2005, either were part of the contribution receivables included in the value of plan assets as of the determination date or were not included (as receivables or otherwise) in the value of plan assets as of the determination date (provided they were paid on or before the earlier of the date the 2007 premium is due or paid);
6. the discounted paid contributions must be discounted from the date paid back to January 1, 2005;
7. the adjusted value of plan assets must be determined as of January 1, 2005;
8. if the plan has 500 or more participants, the significant events (if any) about which information must be provided are those occurring between January 1, 2005, and December 31, 2006; and
9. the adjusted unfunded vested benefits are determined as of December 31, 2006.

Modification 2.

<u>Substitute "the sum of 1 plus the product of .07 times the number of years (rounded to the nearest hundredth of a year) from the date of the Schedule B data to the DOPT" for "1.07" (the accrual factor) in the "Relief Rule for ACM filers" and the "Adjustment Formulas for ACM filers" under the "Vested Benefit Adjustment Rules for ACM filers."</u>

To compute the number of years, count the number of days from and including the date of the Schedule B data to and including the DOPT and divide by 365.

Under the Alternative Calculation Method, the accrual factor of 1.07 referred to under the "Vested Benefit Adjustment Rules for ACM filers" serves as a surrogate for accruals during the plan year preceding the premium payment year. This surrogate assumes that there has been exactly one year of accruals (*e.g.*, in the case of a calendar year plan paying its 2007 premium, accruals from January 1, 2006, through December 31, 2006). Under the Modified ACM, however, the accrual period will run from the date of the Schedule B data to the DOPT.

Using the rule stated in Modification 2, and continuing with the hypothetical plan in Modification 1 —

1. Determine VB_{Nonpay} in the "Vested Benefit Adjustment Rules for ACM filers" interest rate adjustment formula for those not receiving payments by multiplying the plan value of vested benefits for those not receiving payments by the following accrual factor (AC) instead of 1.07 —

AC = 1+ (.07 x (the number of days from January 1, 2005 to September 1, 2006) / 365)
AC = 1+ (.07 x 1.67)
AC = 1+ .12
AC = 1.12

2. If the plan is using the "Relief Rule" under the "Vested Benefit Adjustment Rules for ACM filers," the adjusted value of vested benefits for those not receiving payments is determined by multiplying the plan value of vested benefits for those not receiving payments by 1.12. If the plan cannot use the "Relief Rule," the VB_{Nonpay} amount is the plan value of vested benefits for those not receiving payments multiplied by 1.12.

3. Report 1.12 as the accrual factor.

Modification 3.

<u>Use "the number of years (rounded to the nearest hundredth of a year) between the date of the Schedule B data and the premium snapshot date" as the value for the exponent "Y," in the time adjustment formula under the "Adjusted UVB Procedure for ACM filers" rather than the value described in the "Adjusted UVB Procedure for ACM filers."</u>

To compute the number of years, count the number of days from and including the date of the Schedule B data to and including the premium snapshot date and divide by 365.

Under the Alternative Calculation Method, the exponent "Y" in the time adjustment formula in Step 2 of the "Adjusted UVB Procedure for ACM filers" represents the length of time from the date of the Schedule B data to the premium snapshot date. Because that length of time is generally exactly one year under the Alternative Calculation Method, Y is defined simply as (generally) being "equal to 1." The length of time under the Modified ACM will generally be longer than 1 year. Thus, using the rule stated in Modification 3, and continuing with the hypothetical plan in Modification 1, "Y" would equal 2 (the number of years between January 1, 2005, and December 31, 2006).

Introduction

My Plan Administration Account (My PAA) is a secure, Web-based application that enables you to electronically submit premium filings and payments to PBGC. Electronic filing of premium information is mandatory. Payments may be made by non-electronic means.

My PAA is accessed through PBGC's Web site (www.pbgc.gov). To use My PAA, you must have a My PAA account (*i.e.*, a user ID and password). Each My PAA user needs only one account, which can include an unlimited number of plans. My PAA provides instructions for creating an account.

My PAA offers three e-filing methods:

- You can use My PAA's data entry and editing screens to create a filing, route it to others for review, editing, and electronic certification, and submit it electronically to PBGC. Each person who participates in the electronic processing of the filing must have a My PAA account.
- You can use private-sector software that is compatible with My PAA to create a filing, and then import the filing data into My PAA's data entry and editing screens for routing, review, editing, electronic certification, and electronic submission to PBGC. Each person who participates in the electronic processing of the filing must have a My PAA account.
- You can use private-sector software that is compatible with My PAA to create a filing, and then upload the filing to PBGC via the My PAA application. The filing cannot be routed, reviewed, or edited in My PAA. In most cases, a paper copy or copies of the filing must be certified outside of My PAA and retained in plan records. Only the person who uploads the filing must have a My PAA account.

My PAA provides instructions for all three filing methods.

My PAA's Data Entry and Editing Screens

Entering information

My PAA's data entry and editing screens walk you through a step-by-step process to create a premium filing. For example, in the first step you identify the type of filing to be submitted (estimated or final), the type of plan (single-employer or multiemployer) for which the filing is being submitted, and the plan year. Instructions are provided at each step.

The information entered in each step determines the content of the successive steps. For example, if the selections made in the early steps are a final filing for a single employer plan that is exempt from the variable rate premium, the later steps will request information about the nature of the exemption but will not request information about plan liabilities and assets.

Many of the required mathematical calculations are automated. For example, My PAA automatically multiplies your participant count by the applicable flat premium rate to generate the flat-rate premium.

E-filing team

Multiple people can contribute to a plan's filing in My PAA's data entry and editing screens. For example, some information might be entered by the plan administrator and other information by the plan actuary. The people authorized to contribute to a plan's premium filing in My PAA's data entry and editing screens are those who have the plan in their My PAA accounts, and are referred to as the plan's "e-filing team."

Routing filings

Filings in progress can be routed among e-filing team members through My PAA for input, review, editing, or e-certification of information, authorization of e-payment, and submission to PBGC. The person routing the filing to another member of the e-filing team can provide comments and instructions for the person to whom the filing is being routed. My PAA sends that person an e-mail notice (with the comments and instructions) stating that the filing has been routed for the recipient's action and that the recipient is now "holding" that filing. After all information has been provided and certified, and e-payment (if any) has been authorized, the filing can be electronically submitted to PBGC.

Using Private-Sector Software With My PAA

Compatibility with My PAA

You can use private-sector software to prepare a premium e-filing, but the software you use must be compatible with My PAA. That means that the software must be able to place your filing in an electronic file that is in "XML" format and meets PBGC specifications. The specifications are posted on PBGC's Web site (www.pbgc.gov). Private-sector software providers and developers submit to PBGC sample filings in XML format for PBGC review and assignment of vendor numbers; you should check with your software provider or developer to find out whether your software is capable of creating an XML file in the proper format for use with My PAA. If your compatible private-sector software permits, you can create batch files containing more than one premium filing for use with My PAA.

Importing a filing

A premium filing that has been prepared with compatible private-sector software can be "imported" into My PAA's data entry and editing screens. That means that the information in the filing is placed into the data entry and editing screens and can then be electronically routed, reviewed, edited, certified, and submitted to PBGC as described above. To import a filing for a plan, the plan must be in your My PAA account. My PAA provides instructions for importing filings.

Uploading a filing

A premium filing that has been prepared with compatible private-sector software can also be "uploaded" through My PAA. That means that the filing is submitted directly to PBGC. An uploaded filing cannot be reviewed or edited in My PAA. To upload a filing for a plan, the plan need not be in your My PAA account, but you must have a My PAA account with at least one plan in it. You must electronically certify in My PAA that you have authority to submit the filing for the plan, but in most cases the information in the filing must be certified on paper outside My PAA, and the certified information must be retained in plan records. (The plan administrator's (or enrolled actuary's) certification can be made on line if it is the plan administrator (or enrolled actuary) who uploads the filing.) My PAA provides instructions for uploading filings and for certifying the information in uploaded filings.

Filing Coordinator

A central role in the e-filing process is played by the "filing coordinator," who is the person designated by the plan or plan sponsor to be responsible for coordinating the plan's on-line premium filing. The filing coordinator for a plan is the one who adds that plan to a person's account and assigns each member of the plan's e-filing team one or more filing roles, such as the authority to certify a filing (*e.g.*, as the plan administrator). My PAA provides instructions for becoming a plan's filing coordinator, adding e-filing team members, assigning roles, etc.

Payment Options

Payment within My PAA

If you owe a premium, you can pay it using My PAA. My PAA offers three electronic payment methods:

- Automated Clearing House (ACH) — This payment method involves the electronic transfer of funds from an account that you specify by entering your account number and bank routing number.
- Electronic check — This is the electronic equivalent to writing a paper check to PBGC. It involves entering the check number of a (voided) paper check, your account number, and your bank routing number.
- Credit card — My PAA currently accepts Visa and MasterCard as payment options. A convenience fee (which is passed on to the credit card processor) of approximately 3.04 percent of the total premium amount is added to a premium payment made by credit card. The maximum allowable credit card payment is $99,999.99 (including the convenience fee).

Payment outside My PAA

Payment outside My PAA is permitted for any filing and is required for filings in a batch upload. The options are:

- Electronic funds transfer (EFT) via Automated Clearing House (ACH) or Fed wire — You arrange for payment to be electronically transferred by providing your bank with PBGC's EFT information (see item 3.d. under "CONTACTS" on p. 2). You should also specify the EIN/PN and plan year commencement (PYC) date for the filing in the reference instructions for the transfer.
- Paper check — You should specify the EIN/PN and plan year commencement (PYC) date for the filing on the check and send it to the filing address for paper premium filings (see item 3.a. and b. under "CONTACTS" on p. 2). My PAA provides you with a voucher to send with your check to help PBGC match your check with your filing.

Other Important My PAA Features

Filing receipts

My PAA gives you a filing receipt. For a filing submitted from My PAA's data entry and editing screens (including a filing imported into My PAA), the filing receipt shows the date and time of receipt by PBGC, a confirmation number, and all of the information submitted in the filing. For an upload, the filing receipt shows the date and time of receipt by PBGC, a confirmation number, and the name of the uploaded XML file, but does not show any of the filing information in the uploaded file.

Account history

A member of a plan's e-filing team may, if authorized by the filing coordinator, view the plan's account history on-line through My PAA.

Instructions

My PAA provides full filing instructions and help screens.

For More Information

If you have questions about e-filing with My PAA, please send an e-mail message to premiums@pbgc.gov or call PBGC's toll-free practitioner number, 1-800-736-2444, and select the "premium" option. TTY/TDD users may call the Federal Relay Service toll-free at 1-800-877-8339 and ask to be connected.

APPENDIX A Optional Substitution Factors for the term “$.94^{(RIR\ -\ BIR)}$”

You may use optional “substitution factors” in the Alternative Calculation Method interest rate adjustment formula to replace the term “$.94^{(RIR\ -\ BIR)}$.” The use of the factors is not required; it is optional. The instructions for the formula and for use of the tables below are in Part E.

Use the substitution factor in Table A when RIR is equal to or greater than BIR rounded to the nearest hundredth. Use the substitution factor in Table B when BIR, rounded to the nearest hundredth, is greater than RIR.

TABLE A

When RIR is Equal To Or Greater Than BIR

If RIR minus BIR (rounded to the nearest hundredth) is:		The substitution factor is:		If RIR minus BIR (rounded to the nearest hundredth) is:		The substitution factor is:
At Least	But less than			At Least	But less than	
0.00	0.10	1.0000		3.00	3.10	0.8306
0.10	0.20	0.9938		3.10	3.20	0.8255
0.20	0.30	0.9877		3.20	3.30	0.8204
0.30	0.40	0.9816		3.30	3.40	0.8153
0.40	0.50	0.9756		3.40	3.50	0.8103
0.50	0.60	0.9695		3.50	3.60	0.8053
0.60	0.70	0.9636		3.60	3.70	0.8003
0.70	0.80	0.9576		3.70	3.80	0.7954
0.80	0.90	0.9517		3.80	3.90	0.7905
0.90	1.00	0.9458		3.90	4.00	0.7856
1.00	1.10	0.9400		4.00	4.10	0.7807
1.10	1.20	0.9342		4.10	4.20	0.7759
1.20	1.30	0.9284		4.20	4.30	0.7711
1.30	1.40	0.9227		4.30	4.40	0.7664
1.40	1.50	0.9170		4.40	4.50	0.7617
1.50	1.60	0.9114		4.50	4.60	0.7570
1.60	1.70	0.9057		4.60	4.70	0.7523
1.70	1.80	0.9002		4.70	4.80	0.7477
1.80	1.90	0.8946		4.80	4.90	0.7430
1.90	2.00	0.8891		4.90	5.00	0.7385
2.00	2.10	0.8836		5.00	5.10	0.7339
2.10	2.20	0.8781		5.10	5.20	0.7294
2.20	2.30	0.8727		5.20	5.30	0.7249
2.30	2.40	0.8673		5.30	5.40	0.7204
2.40	2.50	0.8620		5.40	5.50	0.7160
2.50	2.60	0.8567		5.50	5.60	0.7115
2.60	2.70	0.8514		5.60	5.70	0.7072
2.70	2.80	0.8461		5.70	5.80	0.7028
2.80	2.90	0.8409		5.80	5.90	0.6985
2.90	3.00	0.8357		5.90	6.00	0.6942

TABLE B

When BIR is Greater Than RIR

If BIR (rounded to the nearest hundredth) minus RIR is:		The substitution factor is:		If BIR (rounded to the nearest hundredth) minus RIR is:		The substitution factor is:
At Least	But less than			At Least	But less than	
0.00	0.10	1.0062		3.00	3.10	1.2114
0.10	0.20	1.0125		3.10	3.20	1.2190
0.20	0.30	1.0187		3.20	3.30	1.2265
0.30	0.40	1.0251		3.30	3.40	1.2341
0.40	0.50	1.0314		3.40	3.50	1.2418
0.50	0.60	1.0378		3.50	3.60	1.2495
0.60	0.70	1.0443		3.60	3.70	1.2573
0.70	0.80	1.0507		3.70	3.80	1.2651
0.80	0.90	1.0573		3.80	3.90	1.2729
0.90	1.00	1.0638		3.90	4.00	1.2808
1.00	1.10	1.0704		4.00	4.10	1.2888
1.10	1.20	1.0771		4.10	4.20	1.2968
1.20	1.30	1.0838		4.20	4.30	1.3048
1.30	1.40	1.0905		4.30	4.40	1.3129
1.40	1.50	1.0973		4.40	4.50	1.3211
1.50	1.60	1.1041		4.50	4.60	1.3293
1.60	1.70	1.1109		4.60	4.70	1.3375
1.70	1.80	1.1178		4.70	4.80	1.3458
1.80	1.90	1.1248		4.80	4.90	1.3542
1.90	2.00	1.1317		4.90	5.00	1.3626
2.00	2.10	1.1388		5.00	5.10	1.3710
2.10	2.20	1.1458		5.10	5.20	1.3795
2.20	2.30	1.1529		5.20	5.30	1.3881
2.30	2.40	1.1601		5.30	5.40	1.3967
2.40	2.50	1.1673		5.40	5.50	1.4054
2.50	2.60	1.1745		5.50	5.60	1.4141
2.60	2.70	1.1818		5.60	5.70	1.4229
2.70	2.80	1.1892		5.70	5.80	1.4317
2.80	2.90	1.1965		5.80	5.90	1.4406
2.90	3.00	1.2040		5.90	6.00	1.4495

APPENDIX B Codes for Principal Business Activity.

These business titles and definitions are based, in general, on the North American Industry Classification System. They are designed to classify an enterprise by the type of activity in which it is engaged. You must use a code from the following list.

Agriculture, Forestry, Fishing and Hunting

Crop Production
111100 Oilseed & Grain Farming
111210 Vegetable & Melon Farming (including potatoes & yams)
111300 Fruit & Tree Nut Farming
111400 Greenhouse, Nursery, & Floriculture Production
111900 Other Crop Farming (including tobacco, cotton, sugarcane, hay, peanut, sugar beet & all other crop farming)
Animal Production
112111 Beef Cattle Ranching & Farming
112112 Cattle Feedlots
112120 Dairy Cattle & Milk Production
112210 Hog & Pig Farming
112300 Poultry & Egg Production
112400 Sheep & Goat Farming
112510 Animal Aquaculture (including shellfish & finfish farms & hatcheries)
112900 Other Animal Production
Forestry and Logging
113110 Timber Tract Operations
113210 Forest Nurseries & Gathering of Forest Products
113310 Logging
Fishing, Hunting and Trapping
114110 Fishing
114210 Hunting & Trapping
Support Activities for Agriculture and Forestry
115110 Support Activities for Crop Production (including cotton ginning, soil preparation, planting, & cultivating)
115210 Support Activities for Animal Production
115310 Support Activities For Forestry

Mining

211110 Oil & Gas Extraction
212110 Coal Mining
212200 Metal Ore Mining
212310 Stone Mining & Quarrying
212320 Sand, Gravel, Clay, & Ceramic & Refractory Minerals Mining & Quarrying
212390 Other Nonmetallic Mineral Mining & Quarrying
213110 Support Activities for Mining

Utilities

221100 Electric Power Generation, Transmission & Distribution
221210 Natural Gas Distribution
221300 Water, Sewage & Other Systems
221500 Combination Gas & Electric

Construction

Construction of Buildings
236110 Residential Building Construction
236200 Nonresidential Building Construction
Heavy and Civil Engineering Construction
237100 Utility System Construction
237210 Land Subdivision
237310 Highway, Street, & Bridge Construction
237990 Other Heavy & Civil Engineering Construction
Specialty Trade Contractors
238100 Foundation, Structure, & Building Exterior Contractors (including framing carpentry, masonry, glass, roofing, & siding)
238210 Electrical Contractors
238220 Plumbing, Heating, & Air-conditioning Contractors
238290 Other Building Equipment Contractors
238300 Building Finishing Contractors (including drywall, insulation, painting, wallcovering, flooring, tile, and finish carpentry)
238900 Other Specialty Trade Contractors (including site preparation)

Manufacturing

Food Manufacturing
311110 Animal Food Mfg
311200 Grain & Oilseed Milling
311300 Sugar & Confectionery Product Mfg
311400 Fruit & Vegetable Preserving & Specialty Food Mfg
311500 Dairy Product Mfg
311610 Animal Slaughtering and Processing
311710 Seafood Product Preparation & Packaging
311800 Bakeries & Tortilla Mfg
311900 Other Food Mfg (including coffee, tea, flavorings & seasonings)
Beverage and Tobacco Product Manufacturing
312110 Soft Drink & Ice Mfg
312120 Breweries
312130 Wineries
312140 Distilleries
312200 Tobacco Manufacturing
Textile Mills and Textile Product Mills
313000 Textile Mills
314000 Textile Product Mills
Apparel Manufacturing
315100 Apparel Knitting Mills
315210 Cut & Sew Apparel Contractors
315220 Men's & Boys' Cut & Sew Apparel Mfg
315230 Women's & Girls' Cut & Sew Apparel Mfg
315290 Other Cut & Sew Apparel Mfg
315990 Apparel Accessories & Other Apparel Mfg
Leather and Allied Product Manufacturing
316110 Leather & Hide Tanning & Finishing
316210 Footwear Mfg (including rubber & plastics)
316990 Other Leather & Allied Product Mfg
Wood Product Manufacturing
321110 Sawmills & Wood Preservation
321210 Veneer, Plywood, & Engineered Wood Product Mfg
321900 Other Wood Product Mfg
Paper Manufacturing
322100 Pulp, Paper, & Paperboard Mills
322200 Converted Paper Product Mfg
Printing and Related Support Activities
323100 Printing & Related Support Activities
Petroleum and Coal Products Manufacturing
324110 Petroleum Refineries (including integrated)
324120 Asphalt Paving, Roofing, & Saturated Materials Mfg
324190 Other Petroleum & Coal Products Mfg
Chemical Manufacturing
325100 Basic Chemical Mfg
325200 Resin, Synthetic Rubber, & Artificial & Synthetic Fibers & Filaments Mfg
325300 Pesticide, Fertilizer, & Other Agricultural Chemical Mfg
325410 Pharmaceutical & Medicine Mfg
325500 Paint, Coating, & Adhesive Mfg
325600 Soap, Cleaning Compound, & Toilet Preparation Mfg
325900 Other Chemical Product & Preparation Mfg
Plastics and Rubber Products Manufacturing
326100 Plastics Product Mfg
326200 Rubber Product Mfg
Nonmetallic Mineral Product Manufacturing
327100 Clay Product & Refractory Mfg
327210 Glass & Glass Product Mfg
327300 Cement & Concrete Product Mfg
327400 Lime & Gypsum Product Mfg
327900 Other Nonmetallic Mineral Product Mfg
Primary Metal Manufacturing
331110 Iron & Steel Mills & Ferroalloy Mfg
331200 Steel Product Mfg from Purchased Steel
331310 Alumina & Aluminum Production & Processing
331400 Nonferrous Metal (except Aluminum) Production & Processing
331500 Foundries
Fabricated Metal Product Manufacturing
332110 Forging & Stamping
332210 Cutlery & Handtool Mfg
332300 Architectural & Structural Metals Mfg
332400 Boiler, Tank, & Shipping Container Mfg
332510 Hardware Mfg
332610 Spring & Wire Product Mfg
332700 Machine Shops; Turned Product; & Screw, Nut, & Bolt Mfg
332810 Coating, Engraving, Heat Treating, & Allied Activities
332900 Other Fabricated Metal Product Mfg
Machinery Manufacturing
333100 Agriculture, Construction, & Mining Machinery Mfg
333200 Industrial Machinery Mfg
333310 Commercial & Service Industry Machinery Mfg
333410 Ventilation, Heating, Air-Conditioning, & Commercial Refrigeration Equipment Mfg
333510 Metalworking Machinery Mfg
333610 Engine, Turbine & Power Transmission Equipment Mfg
333900 Other General Purpose Machinery Mfg
Computer and Electronic Product Manufacturing
334110 Computer & Peripheral Equipment Mfg
334200 Communications Equipment Mfg
334310 Audio & Video Equipment Mfg
334410 Semiconductor & Other Electronic Component Mfg
334500 Navigational, Measuring, Electromedical, & Control Instruments Mfg
334610 Manufacturing & Reproducing Magnetic & Optical Media
Electrical Equipment, Appliance, and Component Manufacturing
335100 Electric Lighting Equipment Mfg
335200 Household Appliance Mfg
335310 Electrical Equipment Mfg
335900 Other Electrical Equipment & Component Mfg
Transportation Equipment Manufacturing
336100 Motor Vehicle Mfg
336210 Motor Vehicle Body & Trailer Mfg
336300 Motor Vehicle Parts Mfg
336410 Aerospace Product & Parts Mfg
336510 Railroad Rolling Stock Mfg
336610 Ship & Boat Building
336990 Other Transportation Equipment Mfg
Furniture and Related Product Manufacturing
337000 Furniture & Related Product Manufacturing
Miscellaneous Manufacturing
339110 Medical Equipment & Supplies Mfg
339900 Other Miscellaneous Manufacturing

Wholesale Trade

Merchant Wholesalers, Durable Goods
423100 Motor Vehicle & Motor Vehicle Parts & Supplies
423200 Furniture & Home Furnishings
423300 Lumber & Other Construction Materials
423400 Professional & Commercial Equipment & Supplies
423500 Metals & Minerals (except Petroleum)
423600 Electrical & Electronic Goods
423700 Hardware, Plumbing & Heating Equipment & Supplies
423800 Machinery, Equipment, & Supplies
423910 Sporting & Recreational Goods & Supplies
423920 Toy & Hobby Goods & Supplies
423930 Recyclable Materials
423940 Jewelry, Watches, Precious Stones, & Precious Metals
423990 Other Miscellaneous Durable Goods
Merchant Wholesalers, Nondurable Goods
424100 Paper & Paper Products
424210 Drugs & Druggists' Sundries
424300 Apparel, Piece Goods, & Notions
424400 Grocery & Related Products
424500 Farm Product Raw Materials
424600 Chemical & Allied Products
424700 Petroleum & Petroleum Products
424800 Beer, Wine, & Distilled Alcoholic Beverages
424910 Farm Supplies
424920 Books, Periodicals & Newspapers
424930 Flowers, Nursery Stock, & Florists' Supplies
424940 Tobacco & Tobacco Products
424950 Paint, Varnish, & Supplies

424990 Other Miscellaneous Nondurable Goods
Wholesale Electronic Markets and Agents and Brokers
425110 Business to Business Electronic Markets
425120 Wholesale Trade Agents & Brokers

Retail Trade

Motor Vehicle and Parts Dealers
441110 New Car Dealers
441120 Used Car Dealers
441210 Recreational Vehicle Dealers
441221 Motorcycle Dealers
441222 Boat Dealers
441229 All Other Motor Vehicle Dealers
441300 Automotive Parts, Accessories, & Tire Stores
Furniture and Home Furnishings Stores
442110 Furniture Stores
442210 Floor Covering Stores
442291 Window Treatment Stores
442299 All Other Home Furnishings Stores
Electronics and Appliance Stores
443111 Household Appliance Stores
443112 Radio, Television, & Other Electronics Stores
443120 Computer & Software Stores
443130 Camera & Photographic Supplies Stores
Building Material and Garden Equipment and Supplies Dealers
444110 Home Centers
444120 Paint & Wallpaper Stores
444130 Hardware Stores
444190 Other Building Material Dealers
444200 Lawn & Garden Equipment & Supplies Stores
Food and Beverage Stores
445110 Supermarkets and Other Grocery (except Convenience) Stores
445120 Convenience Stores
445210 Meat Markets
445220 Fish & Seafood Markets
445230 Fruit & Vegetable Markets
445291 Baked Goods Stores
445292 Confectionery & Nut Stores
445299 All Other Specialty Food Stores
445310 Beer, Wine, & Liquor Stores
Health and Personal Care Stores
446110 Pharmacies & Drug Stores
446120 Cosmetics, Beauty Supplies, & Perfume Stores
446130 Optical Goods Stores
446190 Other Health & Personal Care Stores
Gasoline Stations
447100 Gasoline Stations (including convenience stores with gas)
Clothing and Clothing Accessories Stores
448110 Men's Clothing Stores
448120 Women's Clothing Stores
448130 Children's & Infants' Clothing Stores
448140 Family Clothing Stores
448150 Clothing Accessories Stores
448190 Other Clothing Stores
448210 Shoe Stores
448310 Jewelry Stores
448320 Luggage & Leather Goods Stores
Sporting Goods, Hobby, Book, and Music Stores
451110 Sporting Goods Stores
451120 Hobby, Toy, & Game Stores
451130 Sewing, Needlework, & Piece Goods Stores
451140 Musical Instrument & Supplies Stores
451211 Book Stores
451212 News Dealers & Newsstands
451220 Prerecorded Tape, Compact Disc, & Record Stores
General Merchandise Stores
452110 Department Stores
452900 Other General Merchandise Stores
Miscellaneous Store Retailers
453110 Florists
453210 Office Supplies & Stationery Stores
453220 Gift, Novelty, & Souvenir Stores
453310 Used Merchandise Stores
453910 Pet & Pet Supplies Stores
453920 Art Dealers
453930 Manufactured (Mobile) Home Dealers
453990 All Other Miscellaneous Store Retailers (including tobacco, candle, & trophy shops)
Nonstore Retailers
454110 Electronic Shopping & Mail-Order Houses
454210 Vending Machine Operators
454311 Heating Oil Dealers
454312 Liquefied Petroleum Gas (Bottled Gas) Dealers
454319 Other Fuel Dealers
454390 Other Direct Selling Establishments (including door-to-door retailing, frozen food plan providers, party plan merchandisers, & coffee-break service providers)

Transportation and Warehousing

Air, Rail, and Water Transportation
481000 Air Transportation
482110 Rail Transportation
483000 Water Transportation
Truck Transportation
484110 General Freight Trucking, Local
484120 General Freight Trucking, Long-distance
484200 Specialized Freight Trucking
Transit and Ground Passenger Transportation
485110 Urban Transit Systems
485210 Interurban & Rural Bus Transportation
485310 Taxi Service
485320 Limousine Service
485410 School & Employee Bus Transportation
485510 Charter Bus Industry
485990 Other Transit & Ground Passenger Transportation
Pipeline Transportation
486000 Pipeline Transportation
Scenic & Sightseeing Transportation
487000 Scenic & Sightseeing Transportation
Support Activities for Transportation
488100 Support Activities for Air Transportation
488210 Support Activities for Rail Transportation
488300 Support Activities for Water Transportation
488410 Motor Vehicle Towing
488490 Other Support Activities for Road Transportation
488510 Freight Transportation Arrangement
488990 Other Support Activities for Transportation
Couriers and Messengers
492110 Couriers
492210 Local Messengers & Local Delivery
Warehousing and Storage
493100 Warehousing & Storage Facilities (except lessors of miniwarehouses & self storage units)

Information

Publishing Industries (except Internet)
511110 Newspaper Publishers
511120 Periodical Publishers
511130 Book Publishers
511140 Directory & Mailing, Publishers
511190 Other Publishers
511210 Software Publishers
Motion Picture and Sound Recording Industries
512100 Motion Picture & Video Industries (except video rental)
512200 Sound Recording Industries
Broadcasting (except Internet)
515100 Radio & Television Broadcasting
515210 Cable & Other Subscription Programming
Internet Publishing and Broadcasting
516110 Internet Publishing & Broadcasting
Telecommunications
517000 Telecommunications (including paging, cellular, satellite, cable & other program distribution, resellers & other telecommunications)
Internet Service Providers, Web Search Portals, and Data Processing Services
518111 Internet Service Providers
518112 Web Search Portals
518210 Data Processing, Hosting, & Related Products
Other Information Services
519100 Other Information Services (including news syndicates & libraries)

Finance and Insurance

Depository Credit Intermediation
522110 Commercial Banking
522120 Savings Institutions
522130 Credit Unions
522190 Other Depository Credit Intermediation
Nondepository Credit Intermediation
522210 Credit Card Issuing
522220 Sales Financing
522291 Consumer Lending
522292 Real Estate Credit (including mortgage bankers & originators)
522293 International Trade Financing
522294 Secondary Market Financing
522298 All Other Nondepository Credit Intermediation
Activities Related to Credit Intermediation
522300 Activities Related to Credit Intermediation (including loan brokers)
Securities, Commodity Contracts, and Other Financial Investments and Related Activities
523110 Investment Banking & Securities Dealing
523120 Securities Brokerage
523130 Commodity Contracts Dealing
523140 Commodity Contracts Brokerage
523210 Securities & Commodity Exchanges
523900 Other Financial Investment Activities (including portfolio management & investment advice)
Insurance Carriers and Related Activities
524140 Direct Life, Health, & Medical Insurance & Reinsurance Carriers
524150 Direct Insurance & Reinsurance (except Life, Health & Medical) Carriers
524210 Insurance Agencies & Brokerages
524290 Other Insurance Related Activities
Funds, Trusts, and Other Financial Vehicles
525100 Insurance & Employee Benefit Funds
525910 Open-End Investment Funds (Form 1120-RIC)
525920 Trusts, Estates, & Agency Accounts
525930 Real Estate Investment Trusts (Form 1120-REIT)
525990 Other Financial Vehicles (including closed-end investment funds)
"Offices of Bank Holding Companies" and "Offices of Other Holding Companies" are located under Management of Companies (Holding Companies)

Real Estate and Rental and Leasing

Real Estate
531110 Lessors of Residential Buildings & Dwellings
531114 Cooperative Housing
531120 Lessors of Nonresidential Buildings (except Miniwarehouses)
531130 Lessors of Miniwarehouses & Self-Storage Units
531190 Lessors of Other Real Estate Property
531210 Offices of Real Estate Agents & Brokers
531310 Real Estate Property Managers
531320 Offices of Real Estate Appraisers
531390 Other Activities Related to Real Estate
Rental and Leasing Services
532100 Automotive Equipment Rental & Leasing
532210 Consumer Electronics & Appliances Rental
532220 Formal Wear & Costume Rental
532230 Video Tape & Disc Rental
532290 Other Consumer Goods Rental
532310 General Rental Centers
532400 Commercial & Industrial Machinery & Equipment Rental & Leasing
Lessors of Nonfinancial Intangible Assets (except Copyrighted Works)
533110 Lessors of Nonfinancial Intangible Assets (except Copyrighted Works)

Professional, Scientific, and Technical Services

Legal Services
541110 Offices of Lawyers
541190 Other Legal Services
Accounting, Tax Preparation, Bookkeeping, and Payroll Services
541211 Offices of Certified Public Accountants
541213 Tax Preparation Services
541214 Payroll Services
541219 Other Accounting Services
Architectural, Engineering, and Related Services
541310 Architectural Services
541320 Landscape Architecture Services
541330 Engineering Services
541340 Drafting Services
541350 Building Inspection Services
541360 Geophysical Surveying & Mapping Services
541370 Surveying & Mapping (except Geophysical) Services
541380 Testing Laboratories

Specialized Design Services
541400 Specialized Design Services (including interior, industrial, graphic, & fashion design)
Computer Systems Design and Related Services
541511 Custom Computer Programming Services
541512 Computer Systems Design Services
541513 Computer Facilities Management Services
541519 Other Computer Related Services
Other Professional, Scientific, and Technical Services
541600 Management, Scientific, & Technical Consulting Services
541700 Scientific Research & Development Services
541800 Advertising & Related Services
541910 Marketing Research & Public Opinion Polling
541920 Photographic Services
541930 Translation & Interpretation Services
541940 Veterinary Services
541990 All Other Professional, Scientific & Technical Services

Management of Companies (Holding Companies)
551111 Offices of Bank Holding Companies
551112 Offices of Other Holding Companies

Administrative and Support and Waste Management and Remediation Services
Administrative and Support Services
561110 Office Administrative Services
561210 Facilities Support Services
561300 Employment Services
561410 Document Preparation Services
561420 Telephone Call Centers
561430 Business Service Centers (including private mail centers & copy shops)
561440 Collection Agencies
561450 Credit Bureaus
561490 Other Business Support Services (including repossession services, court reporting, & stenotype services)
561500 Travel Arrangement & Reservation Services
561600 Investigation & Security Services
561710 Exterminating & Pest Control Services
561720 Janitorial Services
561730 Landscaping Services
561740 Carpet & Upholstery Cleaning Services
561790 Other Services to Buildings & Dwellings
561900 Other Support Services (including packaging & labeling services, & convention & trade show organizers)
Waste Management and Remediation Services
562000 Waste Management & Remediation Services

Educational Services
611000 Educational Services (including schools, colleges, & universities)

Health Care and Social Assistance
Offices of Physicians and Dentists
621111 Offices of Physicians (except mental health specialists)
621112 Offices of Physicians, Mental Health Specialists
621210 Offices of Dentists
Offices of Other Health Practitioners
621310 Offices of Chiropractors
621320 Offices of Optometrists
621330 Offices of Mental Health Practitioners (except Physicians)
621340 Offices of Physical, Occupational & Speech Therapists, & Audiologists
621391 Offices of Podiatrists
621399 Offices of All Other Miscellaneous Health Practitioners
Outpatient Care Centers
621410 Family Planning Centers
621420 Outpatient Mental Health & Substance Abuse Centers
621491 HMO Medical Centers
621492 Kidney Dialysis Centers
621493 Freestanding Ambulatory Surgical & Emergency Centers
621498 All Other Outpatient Care Centers
Medical and Diagnostic Laboratories
621510 Medical & Diagnostic Laboratories
Home Health Care Services
621610 Home Health Care Services
Other Ambulatory Health Care Services
621900 Other Ambulatory Health Care Services (including ambulance services & blood & organ banks)
Hospitals
622000 Hospitals
Nursing and Residential Care Facilities
623000 Nursing & Residential Care Facilities
Social Assistance
624100 Individual & Family Services
624200 Community Food & Housing, & Emergency & Other Relief Services
624310 Vocational Rehabilitation Services
624410 Child Day Care Services

Arts, Entertainment, and Recreation
Performing Arts, Spectator Sports, and Related Industries
711100 Performing Arts Companies
711210 Spectator Sports (including sports clubs & racetracks)
711300 Promoters of Performing Arts, Sports, & Similar Events
711410 Agents & Managers for Artists, Athletes, Entertainers, & Other Public Figures
711510 Independent Artists, Writers, & Performers
Museums, Historical Sites, and Similar Institutions
712100 Museums, Historical Sites, & Similar Institutions
Amusement, Gambling, and Recreation Industries
713100 Amusement Parks & Arcades
713200 Gambling Industries
713900 Other Amusement & Recreation Industries (including golf courses, skiing facilities, marinas, fitness centers, & bowling centers)

Accommodation and Food Services
Accommodation
721110 Hotels (except casino hotels) & Motels
721120 Casino Hotels
721191 Bed & Breakfast Inns
721199 All Other Traveler Accommodation
721210 RV (Recreational Vehicle) Parks & Recreational Camps
721310 Rooming & Boarding Houses
Food Services and Drinking Places
722110 Full-Service Restaurants
722210 Limited-Service Eating Places
722300 Special Food Services (including food service contractors & caterers)
722410 Drinking Places (Alcoholic Beverages)

Other Services
Repair and Maintenance
811110 Automotive Mechanical & Electrical Repair & Maintenance
811120 Automotive Body, Paint, Interior, & Glass Repair
811190 Other Automotive Repair & Maintenance (including oil change & lubrication shops & car washes)
811210 Electronic & Precision Equipment Repair & Maintenance
811310 Commercial & Industrial Machinery & Equipment (except Automotive & Electronic) Repair & Maintenance
811410 Home & Garden Equipment & Appliance Repair & Maintenance
811420 Reupholstery & Furniture Repair
811430 Footwear & Leather Goods Repair
811490 Other Personal & Household Goods Repair & Maintenance
Personal and Laundry Services
812111 Barber Shops
812112 Beauty Salons
812113 Nail Salons
812190 Other Personal Care Services (including diet & weight reducing centers)
812210 Funeral Homes & Funeral Services
812220 Cemeteries & Crematories
812310 Coin-Operated Laundries & Drycleaners
812320 Drycleaning & Laundry Services (except Coin-Operated)
812330 Linen & Uniform Supply
812910 Pet Care (except Veterinary) Services
812920 Photofinishing
812930 Parking Lots & Garages
812990 All Other Personal Services
Religious, Grantmaking, Civic, Professional, and Similar Organizations
813000 Religious, Grantmaking, Civic, Professional, & Similar Organizations
813930 Labor Unions and Similar Labor Organizations
921000 Governmental instrumentality or Agency

EMPLOYEE BENEFITS SECURITY ADMINISTRATION OFFICES

In addition to being able to obtain PBGC premium instructions from PBGC (see item 4. under "CONTACTS" on p. ii), you may obtain our instructions through the following offices of the Employee Benefits Security Administration (EBSA) of the U.S. Department of Labor:

CALIFORNIA
San Francisco 94105
71 Stevenson Street
Suite 915
(415) 975-4600

Pasadena 91106
1055 E. Colorado Boulevard
Suite 200
(626) 229-1000

FLORIDA
Plantation 33324
8040 Peters Road
Building H, Suite 104
(954) 424-4022

GEORGIA
Atlanta 30303
61 Forsyth Street SW
Suite 7B54
(404) 562-2156

ILLINOIS
Chicago 60606
200 West Adams Street
Suite 1600
(312) 353-0900

KENTUCKY
Fort Wright 41011-2664
1885 Dixie Highway
Suite 210
(859) 578-4680

MARYLAND
Silver Spring 20910
1335 East West Highway
Suite 200
(301) 713-2000

MASSACHUSETTS
Boston 02203
JFK Building
Room 575
(617) 565-9600

MICHIGAN
Detroit 48226-3211
211 West Fort Street
Suite 1310
(313) 226-7450

MISSOURI
Kansas City 64105-5148
1100 Main Street
Suite 1200
(816) 426-5131

St. Louis 63103
1222 Spruce Street
Room 6310
(314) 539-2693

NEW YORK
New York City 10004
33 Whitehall Street
Suite 1200
(212) 607-8600

PENNSYLVANIA
Philadelphia 19106-3317
Curtis Center
170 S. Independence Mall West
Suite 870 West
(215) 861-5300

TEXAS
Dallas 75202-5025
525 South Griffin Street
Room 900
(214) 767-6831

WASHINGTON
Seattle 98101-3212
1111 Third Avenue
Suite 860
(206) 553-4244

PBGC PREMIUM MATERIALS — ORDER FORM

Prior years' premium materials can be obtained from PBGC by using this order form. Please check one or more of the following and record your name and address:

☐ Send Estimated Premium Payment Package for filing year ___________. Number of packages needed ____________.
☐ Send Premium Payment Package for filing year ___________. Number of packages needed ______________.

Name: ____

Address: ____
____
____

Fax this form to: (202) 326-4250
Or mail it to:
Pension Benefit Guaranty Corporation
Dept. 77840
P.O. Box 77000
Detroit, MI 48277-0840

PENSION BENEFIT GUARANTY CORPORATION
Dept. 77430
P.O. Box 77000
Detroit, MI 48277-0430

Official Business
Penalty for private use, $300

Address Service Requested