



2001

**PREMIUM PAYMENT PACKAGE
PENSION BENEFIT GUARANTY CORPORATION**

This Package Contains:

PBGC Form 1
Schedule A
PBGC Form 1-EZ
2001 Instructions

To All Plan Administrators:

We are enclosing the forms and instructions for your premium payments to the Pension Benefit Guaranty Corporation for the 2001 plan year.

This year, based on your suggestions, we have made several changes to simplify PBGC premiums. For the 2001 plan year, we have issued a new simplified premium form – the PBGC Form 1-EZ. This new form, which is included in this premium payment package, replaces Form 1 and Schedule A for single-employer plans that are exempt from the variable rate premium.

In addition, new rules now permit plan administrators to pay a prorated premium for a short plan year rather than paying a full year's premium and requesting a refund. We have also simplified the definition of participant for purposes of PBGC's premiums. The new definition excludes from the participant count -- and thus eliminates premiums for -- individuals who do not have accrued benefits and for whom the plan has no other benefit liabilities. For example, a new plan that does not provide credit for service before the plan began will typically not have to pay a premium for its first plan year.

Please note that the required interest rate used to value vested benefits for premium payments remains at 85% of the annual yield on 30-year Treasury securities for the last full month before the plan year begins. (Required interest rates are posted on the PBGC's Web site at www.pbgc.gov.)

PBGC's Web site also contains information of interest to you, including current and prior premium filing booklets, frequently asked questions, interest rates, and regulations. For all premium-related inquiries, you can call our toll-free practitioner number at 1-800-736-2444. 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 for practitioners at 202-326-4136 or e-mail practitioner.pro@pbgc.gov.

We welcome your suggestions on changes we can make to provide you with the best possible service.

A handwritten signature in black ink that reads "David M. Strauss". The signature is written in a cursive, flowing style.

David M. Strauss
Executive Director
Pension Benefit Guaranty Corporation

Pension Benefit Guaranty Corporation

Customer Service Plan for Plan Administrators

What is Our Mission?

The mission of the Pension Benefit Guaranty Corporation (PBGC) is to operate as a service-oriented, professionally managed agency that protects participants' pension benefits and supports a healthy retirement plan system. We encourage the continuation and maintenance of private pension plans, protect pension benefits in ongoing plans, provide timely payments of benefits in the case of terminated plans, make the maximum use of resources, and maintain premiums and operating costs at the lowest levels consistent with statutory responsibilities.

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 forms and instructions packages;
- Answer questions from plan administrators, sponsors, and 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 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 the 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

In last year's survey of pension professionals' satisfaction with the quality of PBGC's service, respondents said we improved on meeting our service pledge, and they rated our overall service more highly than the previous year. But they also noted that we need to meet the "one call does it all" pledge more often, and to let practitioners know that we have received their mail. To respond to this feedback, we:

- Now acknowledge receipt of audit materials at once and give practitioners the name, telephone number, and e-mail address of the auditor assigned. We are also developing a booklet to address questions frequently asked by the pension community about our standard termination and premium compliance audit programs;
- Implemented a Premium Caller Tracking System to improve the way we track, respond to, and follow up on calls from practitioners;
- Trained staff to handle a wider range of questions from practitioners, and reinforced with them our "one call does it all" pledge.

The standard that customers now expect is "online, on time, all the time." And we are working to keep up with the advances in technology to meet our goal of making the PBGC a premier customer service organization. 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 viii.

Important Reminders for Plan Administrators

The following guidance is provided to help ensure accurate and timely posting of your premium filings.

1. Submit Only One Payment with One Filing - Do NOT combine the premiums for multiple plans into one payment.

2. Include EIN/PN and PYC on all Payments and Correspondence:

a. Wire Transfers - Include your plan's Employer Identification Number, Plan Number (EIN/PN) and Plan Year Commencing (PYC) Date to identify how the wired funds should be posted. Send your wire transfer to:

Bank: ALLFIRST Bank, Baltimore Maryland
ABA: 052000113
Account: 425-5265-5
Beneficiary: PBGC
Reference: Give plan's EIN/PN and PYC

b. Checks and Correspondence - Include your plan's Employer Identification Number/Plan Number (EIN/PN) and Plan Year Commencing (PYC) Date on the check itself (not just on the check stub) and on all letters that you send to us.

3. Send Premium Filings Only to the Premium Addresses - To ensure the proper posting of your premium payments and forms, use one of the following addresses.

- **Financial Post Office Box** - Send premium payments, premium forms, amended filings, and Statement of Account (premium invoice) payments to the following address. Do NOT send correspondence to this address and do NOT use this address for delivery services.

Pension Benefit Guaranty Corporation
P.O. Box 64880
Baltimore, MD 21264-4880

- **Delivery Service Address** - If you use a delivery service to mail your premium payments and filings, use the following mailing address because delivery services do not deliver to a Post Office Box Address.

ALLFIRST Bank
110 South Paca Street
Mail Code: 109-320/Lockbox #64880
Baltimore, MD 21201

4. Send Correspondence Only to the Correspondence Address - To ensure response to your correspondence, send correspondence (e.g., requests for reconsideration and refunds) only to the Correspondence Address. Do NOT use this address for delivery services; instead use our delivery service address in item 3 above.

Pension Benefit Guaranty Corporation
P.O. Box 64916
Baltimore, MD 21264-4916

5. Notify PBGC of EIN/PN Changes - If your plan changes its Employer Identification Number and/or Plan Number (EIN/PN), notify us of the prior EIN/PN, the new EIN/PN, the effective date of the change, and the reason for the change so that we may update our records. The best way to tell us about this change is on your premium form, which includes space for this information. If you change your EIN/PN for a plan with an overpayment and wish to use the overpayment as a credit on a future premium form using the new EIN/PN, please contact our premium customer service representatives (see item 3 on p. viii).

Send Your Premium Filing To:

**Pension Benefit Guaranty Corporation
P.O. Box 64880
Baltimore, MD 21264-4880**

If You Pay By Check:

Enclose the check with the premium filing.

NOTE: Please submit a separate check for each plan and write the plan's EIN/PN and the date the premium payment year commenced (PYC) on the check.

If You Pay By Wire Transfer:

Send wire transfer to:

**ALLFIRST Bank
Baltimore, Maryland
ABA: 052000113
Account: 425-5265-5
Beneficiary: PBGC
Reference: (give plan's EIN/PN and the date the premium
payment year commenced (PYC))**

NOTE: Please submit a separate wire transfer for each plan. The payment is identified by reporting the EIN/PN from item 3(a) and (b) of Form 1, and the date the premium payment year commenced (PYC), in the payment ID line of the wire transfer (in the format "EIN/PN: XX-XXXXXXX/XXX PYC: XX/XX/XX"). Please mail the premium form to the address shown at the top of this page.

For further information, see Part E - ADDRESSES.

If you are correcting a filing, see Part F - HOW TO CORRECT A FILING

Reminder to Plan Administrators About 2001 Participant Notices

The plan administrator of a single-employer plan that pays a variable rate premium (VRP) for the 2001 plan year may be required to issue a 2001 Participant Notice about the plan's funding status and the limits on the PBGC's guarantee of benefits.

The 2001 Participant Notice is due two months after the 2000 Form 5500 due date, including extensions (i.e., during the 2001 plan year). For calendar year plans, the 2001 Participant Notice must be given by October 1, 2001, if the 5500 due date is July 31, 2001; by November 19, 2001, if the 5500 due date is September 17, 2001; or by December 17, 2001, if the 5500 due date is October 15, 2001. (Due dates that fall on a weekend or Federal holiday are extended to the next business day.)

EXEMPTIONS: A plan that meets the Deficit Reduction Contribution (DRC) Exception Test for the 2000 or 2001 plan year is exempt from having to provide the 2001 Participant Notice. Most new and newly-covered plans are also exempt.

Example 1: No VRP owed for 2001. A VRP was owed for Plan A for the 2000 plan year but not for the 2001 plan year. No Participant Notice is required for Plan A for the 2001 plan year.

Example 2: VRP owed for 2001 but DRC Exception Test met for 2000. A VRP was owed for Plan B for the 2001 plan year, and Plan B did not meet the DRC Exception Test for the 2001 plan year, but Plan B met the DRC Exception Test for the 2000 plan year. No Participant Notice is required for Plan B for the 2001 plan year.

Example 3: VRP owed for 2001 but DRC Exception Test met for 2001. A VRP was owed for Plan C for the 2001 plan year, and Plan C did not meet the DRC Exception Test for the 2000 plan year, but did meet the DRC Exception Test for the 2001 plan year. No Participant Notice is required for Plan C for the 2001 plan year.

Example 4: VRP owed for 2001 and DRC Exception Test not met for either 2000 or 2001. A VRP was owed for Plan D for the 2001 plan year, and Plan D did not meet the DRC Exception Test for either the 2000 plan year or the 2001 plan year. If no other exception applies to Plan D, a Participant Notice must be issued for Plan D for the 2001 plan year.

See section 4011 of ERISA and the PBGC's regulation on Disclosure to Participants (29 CFR Part 4011). Early each year, the PBGC issues a Technical Update that includes a Model Participant Notice for that year and a worksheet to help plan administrators determine whether they must issue a Participant Notice for that year. The regulation and Technical Updates are available on the PBGC's Web site, www.pbgc.gov.

Reminder to Single-Employer Plans About Reportable Events

The plan administrator or contributing sponsor may have to notify the 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 the 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). Failure to give PBGC timely notice may result in assessment of penalties under section 4071 of ERISA.

NOTE: The PBGC has issued Form 10 and Form 10-ADV for notifying PBGC that a reportable event has occurred. These forms are available on the PBGC's Web site (www.pbgc.gov), and can be downloaded or filed online.

What's New

- For the 2001 plan year, we have issued a new simplified premium form – the PBGC Form 1-EZ – for single-employer plans that are exempt from the variable rate premium. This new form is included in this premium payment package along with PBGC Form 1 and Schedule A.
- You may now pay a prorated premium for certain short plan years (rather than paying a full year's premium and requesting a refund):
 - a short first year of a new or newly covered plan (see C.2.);
 - a short year created by a change in plan year (see C.4.);
 - a short year created by distribution of plan assets pursuant to a plan termination (see B.2.); or
 - a short year created by the appointment of a trustee under ERISA section 4042 (see B.2.).

To apply the prorated premium, see the instructions for item 15(b) of Form 1-EZ and item 16(b) of Form 1.

- We simplified the definition of “participant” for premium purposes. The new definition excludes from the participant count -- and thus eliminates premiums for -- individuals who do not have accrued benefits and for whom the plan has no other benefit liabilities. For example, a new plan that does not grant past service credit will typically not have to pay a premium for its first plan year. See the instructions for item 13 of Form 1-EZ and item 13 of Form 1.
- This booklet contains Technical Update 00-4, which explains how the PBGC full funding limit exemption from the variable rate premium works. See Part H, item 12(e).

CONTACT POINTS

1. PBGC's Web site, www.pbgc.gov, contains pension plan information of interest to the plan administrator and practitioner, such as current and prior premium filing booklets, frequently asked questions, interest rates, regulations, etc.
 2. Mail premium forms (including amended filings) to:
Pension Benefit Guaranty Corporation
P.O. Box 64880
Baltimore, MD 21264-4880
or use a delivery service to send the forms to:
ALLFIRST Bank
110 South Paca Street
Mail Code: 109-320/Lockbox #64880
Baltimore, MD 21201
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 form. If you pay by wire transfer, send the payment to:
ALLFIRST Bank
Baltimore, Maryland
ABA: 052000113
Account: 425-5265-5
Beneficiary: PBGC
Reference: (give plan's EIN/PN and the date the premium payment year commenced (PYC))
 3. For all premium-related inquiries, including requests for booklets or forms, premium filing questions, address changes, requests for refunds (that are not submitted via premium filing forms), and requests for reconsideration of premium penalty assessments:
Call: 1-800-736-2444
(202) 326-4242
Fax: (202) 326-4250
E-mail: premiums@pbgc.gov
or write to:
Pension Benefit Guaranty Corporation
P.O. Box 64916
Baltimore, MD 21264-4916
 4. For current interest rate information:
Call: (202) 326-4041
Internet: www.pbgc.gov
or write to:
Pension Benefit Guaranty Corporation
CPAD, Suite 240
1200 K Street, NW
Washington, DC 20005-4026
 5. For assistance on coverage determination or plan termination:
Call: 1-800-736-2444
(202) 326-4242
E-mail: standard@pbgc.gov
or write to:
Pension Benefit Guaranty Corporation
IOD/Technical Assistance Branch, Suite 930
1200 K Street, NW
Washington, DC 20005-4026
 6. If you have a complaint about the service you have received or still need assistance after calling our practitioner telephone numbers listed in items 3 and 5 (1-800-736-2444 or (202) 326-4242), please contact the Problem Resolution Officer (Practitioners):
Call: (202) 326-4136
E-mail: practitioner.pro@pbgc.gov
or write to:
Pension Benefit Guaranty Corporation
Problem Resolution Officer (Practitioners), Suite 670
1200 K Street, NW
Washington, DC 20005-4026
 7. Any vendor requesting approval of automated forms may send a sample (including 3 original forms) to:
Pension Benefit Guaranty Corporation
Vendor Forms Review Office, FOD/CCD, Suite 670
1200 K Street, NW
Washington, DC 20005-4026
 8. For TTY/TDD users, call the Federal relay service toll-free at 1-800-877-8339 and ask to be connected to the appropriate number listed above.
- Note:** Collect calls cannot be accepted.

2001 Premium Payment Package
Pension Benefit Guaranty Corporation
How To Complete PBGC Premium Payment Forms

PAPERWORK REDUCTION ACT NOTICE

We need this information to determine the amount of premium due to the 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 supplied by the Privacy Act and the Freedom of Information Act.

The estimated burden associated with completing and filing Form 1-EZ, or Form 1 (and, for single-employer plans that are not exempt from the variable rate premium, Schedule A) is shown below. The burden estimates are expressed in hours (for filings done in-house) and in dollar cost (for filings contracted out). (The PBGC assumes that 95% 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.

FORM AND PLAN TYPE	AVERAGE BURDEN
<u>Form 1 and Schedule A or Form 1-EZ (Single-Employer Plans)</u>	
Plans with Under 500 Participants	
Fully funded or exempt from variable rate premium	1.0 hour or \$200
Underfunded	1.7 hours or \$340
Plans with 500 or More Participants	
Fully funded or exempt from variable rate premium	1.0 hour or \$200
Underfunded	5.1 hours or \$1,020
<u>Form 1 (Multiemployer Plans)</u>	0.5 hour or \$100

If you have comments concerning the accuracy of these burden estimates or suggestions for making the forms simpler, please send your comments to Pension Benefit Guaranty Corporation, Office of the General Counsel, Suite 340, 1200 K Street, NW, Washington, DC 20005-4026.

Contents

Customer Service Plan for Plan Administrators	ii
Important Reminders for Plan Administrators	iii
Where to Send Your Premium Filing	iv
Reminder to Plan Administrators About 2001 Participant Notices	v
Reminder to Single-Employer Plans About Reportable Events	vi
What's New	vii
CONTACT POINTS	viii
PAPERWORK REDUCTION ACT NOTICE	ix
Part A INTRODUCTION	1
1. General Information About PBGC Premium Forms	1
2. Definitions	1
3. Recordkeeping Requirements; PBGC Audits	3
Part B WHO MUST FILE	3
1. General Rule	3
2. Premium Proration For Terminating Plans	3

Part C WHEN TO FILE	5
1. General Rule	5
2. Plans Filing For The First Time	6
3. Plans Filing For The Second Time	7
4. Plans Changing Plan Years	7
5. Saturday, Sunday, And Federal Holiday	8
6. Postmark Date Is Controlling	8
7. Relationship Between Form 1-EZ or Form 1 And Form 5500 Series	8
Part D WHICH FORMS TO FILE	9
1. General	9
2. Exemption From Variable Rate Premium	9
3. Distinction Between Multiemployer And Single-Employer Plans	9
Part E ADDRESSES	10
1. Where To File Forms And Send Payments	10
2. Where To Obtain Form 1-EZ, Form 1 And Form 1-ES	10
3. Where To Get Help In Filing The Form 1-EZ, Form 1 Or Form 1-ES	11
4. Where To Get A Coverage Determination	11
Part F HOW TO CORRECT A FILING	11
1. Making A Payment Without Filing A Form	11
2. Filing A Form Without Making A Payment	11
3. Amended Filing—Premium Underpayment	12
4. Amended Filing—Premium Overpayment	12
5. How To Correct An Address	12
Part G LATE PAYMENT CHARGES	12
1. Interest Charges	12
2. Penalty Charges	12
3. PBGC Waivers	13
4. Extension For Form 5500	13
5. Minimizing Late Payment Charges	13
Part H ITEM-BY-ITEM INSTRUCTIONS FOR FORM 1-EZ	13
Part I ITEM-BY-ITEM INSTRUCTIONS FOR FORM 1	21
Part J GENERAL INSTRUCTIONS FOR SCHEDULE A	27
1. General Requirements	27
2. Failure To File Schedule A As Required	28
3. Computation Date For The Variable Rate Premium	28
4. Filing Method	28
(a) General Rule	28
(b) Alternative Calculation Method	29
(c) Modified Alternative Calculation Method For Plans Terminating In Distress Or Involuntary Terminations..	30
5. Significant Events	30
6. Required Interest Rate For Valuing Vested Benefits	31
7. Certification Of Plan Administrator	31
Part K LINE-BY-LINE INSTRUCTIONS FOR SCHEDULE A	32
Subpart 1 General Rule	32
Subpart 2 Alternative Calculation Method	34
Subpart 3 Modified Alternative Calculation Method for Plans Terminating in Distress or Involuntary Terminations.	39
APPENDIX A Optional Substitution Factors for the term “.94^(RIR - BIR)”	42
TABLE A	42
TABLE B	43
APPENDIX B Codes for Principal Business Activity	44
BULK MAILING ORDER FORM	49

Part A INTRODUCTION

1. General Information About PBGC Premium Forms

PBGC premium forms, including new Form 1-EZ, are used to pay premiums to the Pension Benefit Guaranty Corporation (PBGC) as required by sections 4006 and 4007 of the Employee Retirement Income Security Act, as amended (ERISA), and the PBGC's premium regulations (29 CFR Parts 4006 and 4007).

The premium forms are in Optical Character Recognition (OCR) format. This enables PBGC to process your plan information quickly and accurately. For this reason, we cannot accept photocopies of the forms. PBGC will accept the original forms provided in this package; forms provided by a vendor that has received PBGC approval for an automated (computer-generated) version of the form; and forms downloaded from the PBGC Web site (www.pbgc.gov).

To achieve the best results when printing computer-generated or downloaded forms, use a laser or inkjet printer with resolution of 300 DPI (dots per inch) or higher. Please make sure that you have adequate toner in your printer cartridge. Thermal or dot matrix (9 or 24 pin) printers are not recommended for printing the premium forms. Do not use any printing options, such as "Fit to Page," that may tend to enlarge or reduce the size of the image. Please make sure no part of the form is missing after it is printed. Please also make sure the forms print with the proper number of pages: the Form 1-EZ, Form 1, and Schedule A require two pages each; the Form 1-ES requires one page.

The OCR process requires that you print data clearly within the boxes provided on the forms. Any vendor requesting approval of automated forms may send a sample to Pension Benefit Guaranty Corporation, Vendor Forms Review Office, FOD/CCD, Suite 670, 1200 K Street, NW, Washington, DC 20005-4026. Include 3 original forms produced by your software and a brief note requesting PBGC review of the forms.

The Form 1-ES (which is issued in a separate booklet) is used by all plans that were required to report 500 or more participants on their 2000 PBGC Form 1 to make their initial 2001 premium payments (only the flat rate premium for single-

employer plans) and permits the initial premium calculations to be based on an estimated participant count. These plans use Form 1-EZ or Form 1 to make a subsequent reconciliation filing based on an actual participant count. Single-employer plans that are not exempt from the variable rate premium use Schedule A to pay any variable rate premium due. (NOTE: If all the information needed to file Form 1-EZ or Form 1 is known before the First Filing Due Date, you may file a Form 1-EZ or Form 1 instead of a Form 1-ES. If you file a Form 1-ES, you will still be required to file a Form 1-EZ or Form 1 by the Final Filing Due Date.) Plans with fewer than 500 participants for the prior filing year file only the Form 1-EZ or Form 1 (including Schedule A), with their total premium payment, by the Final Filing Due Date.

It is the responsibility of the plan administrator to obtain and complete the applicable premium forms and make the premium payment each year. Any signatures required from the plan administrator or enrolled actuary must be filed in original form. The instructions in this booklet describe how to complete Form 1-EZ and Form 1 (including Schedule A) and make the premium payment due.

2. Definitions

In these instructions—

"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 Snapshot Date" means the last day of the plan year preceding the 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.

b. If the plan is the transferee plan in a merger or the transferor plan in a spinoff 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

Part A INTRODUCTION

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 the PBGC's regulation under ERISA section 4231 (29 CFR Part 4231) with respect to multiemployer plans.

See Part H, item 13.b., or Part I, item 13.b., for examples illustrating the application of this definition.

"First Filing Due Date" means the last day of the 2nd full calendar month following the close of the preceding plan year, except that, in the case of plans changing plan years, it 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. See Part C for information about the "First Filing Due Date."

"Final Filing Due Date" means the 15th day of the 10th full calendar month following the end of the plan year preceding the premium payment year, except that:

- a. In the case of plans filing for the first time it is the latest of the following dates—
 - (i) the 15th day of the 10th full calendar month that begins on or after the first day of 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.

b. In the case of plans changing plan years, it 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.

See Part C for information about the "Final Filing Due Date."

"Filing Due Date" means either the First Filing Due Date or the Final Filing Due Date defined above.

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

"Form 1-EZ" means the Annual Premium Payment Form 1-EZ for Single-Employer Plans Exempt from

the Variable Rate Premium, issued by the PBGC.

"Form 1-ES" means the Estimated Premium Payment Form 1-ES issued by the PBGC (in a separate booklet) for estimating the flat rate premium for single-employer plans and the total premium for multiemployer plans.

"Schedule A" means the schedule to the Form 1 which is used by single-employer plans that are not exempt from the variable rate premium to calculate unfunded vested benefits and compute the variable rate premium.

"Flat rate premium" means the portion of the premium determined by multiplying the flat rate premium charge by the number of participants in the plan on the premium snapshot date. The per-participant flat rate charge for plan years beginning in 2001 is \$19 for single-employer plans and \$2.60 for multiemployer plans.

"Variable rate premium" means the portion of the single-employer premium based on a plan's unfunded vested benefits. The variable rate premium for plan years beginning in 2001 is \$9 for every \$1,000 (or fraction thereof) of unfunded vested benefits.

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

"Premium regulations" means the PBGC's regulations on Premium Rates and Payment of Premiums (29 CFR Parts 4006 and 4007). The premium forms and instructions are issued under and implement the premium regulations.

"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 the PBGC. (Copies of this form may be obtained from the Internal Revenue Service or the Department of Labor.)

"We" or "us" means the Pension Benefit Guaranty Corporation.

"You" or "your" means the administrator of a pension 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.

"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 plan sponsor assigns this number to distinguish among employee benefit plans established or maintained by the same plan sponsor. A plan sponsor 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.

3. 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 the PBGC upon request.

The PBGC may audit any premium payment. If PBGC determines 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 Part G for more information on penalties and interest for late payment of premiums.) If, in the judgment of the PBGC, the plan’s records fail to establish the number of participants with respect to whom premiums were required for any premium payment year, the PBGC may rely on data it obtains 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 the PBGC’s judgment, the plan’s records fail to establish that the unfunded vested benefits were the amount reported in the premium filing, the PBGC may rely on data it obtains from other sources for estimating the amount of unfunded vested benefits for premium computation purposes.

In addition to penalties for late payment of premi-

ums, we may assess under section 4071 of ERISA a penalty of up to \$1,100 per day for failure to furnish premium-related information by required due dates. (See 29 C.F.R. Part 4071.) However, under the PBGC’s penalty policy, the penalty rate is generally much less — \$25 per day for the first 90 days and \$50 per day thereafter, with lower rates for small plans. (See PBGC’s Statements of Policy on ERISA section 4071 penalties, 60 Fed. Reg. 36837 (July 18, 1995), 61 Fed. Reg. 66388 (December 17, 1996), and 62 Fed. Reg. 12521 (March 14, 1997).)

Part B WHO MUST FILE

1. General Rule

The plan administrator of each single-employer plan and multiemployer plan covered under section 4021 of ERISA is required annually to file the prescribed premium form(s) and pay the premium due. If you are uncertain whether your plan is covered under section 4021, you should promptly request a coverage determination by writing to us at the address shown in Part E, item 4. A request for a coverage determination does not extend the due date for any premium that is finally determined to be due. If we determine that the plan is not a covered plan, we will review the plan’s premium payments to determine whether any refunds may be made.

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

- a. Plan assets are distributed in satisfaction of all benefit liabilities pursuant to the plan’s termination. (See rules on exemption from the variable-rate premium in Part H, item 12(d).)
- b. A trustee is appointed for the plan under ERISA section 4042.
- c. The plan disappears by transferring all its assets and liabilities to one or more other plans in a merger or consolidation.
- d. 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.

2. Premium Proration For Terminating Plans

Effective for plan years beginning in 2001, PBGC rules have been changed to allow premium payers to pay a prorated premium for a terminating plan’s final (short) plan year. The proration is based on the number of full and partial months in the short final

Part B WHO MUST FILE

plan year.

For proration purposes, the short plan year is treated as ending on—

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 the dates described in (i) and (ii) below:

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

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

To prorate the premium, see the instructions for item 15(b) of Form 1-EZ or item 16(b) of Form 1 (depending on which form you are filing). Alternatively, you may pay a full year's premium and request a partial refund by writing promptly, under separate cover, to the address shown in Part E, item 2. Enclose a copy of the Form 1-EZ or Form 1 that you filed. We will calculate the amount of your refund. If you want your refund paid by electronic wire transfer, you must include the bank routing number and account number with your request and indicate whether the account is a checking account or savings account.

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 Part C, Item 2).

Example 1 A calendar year plan terminates in a standard termination with a termination date of September 30, 2000. On April 7, 2001, assets are distributed in satisfaction of all benefit liabilities. Since the terminating plan is sufficient to pay all benefit liabilities, no trusteeship is involved. The plan administrator must file and make both the flat rate and variable rate premium payments due for the 2000 plan year and the flat rate premium payment due for the 2001 plan year. However, the plan administrator may prorate the 2001 flat rate premium and pay only for four months of 2001. This is done by taking a credit for 8/12 of the full year's premium (for the period of May - December 2001), as explained in the instructions for item 15(b) of Form 1-EZ and item 16(b) of Form 1. Alternatively, the plan administrator may pay the full year's premium and request a refund for the period of May - December 2001. (Note that, because the plan administrator

issued a Notice of Intent to Terminate with a termination date (9/30/2000) that was before the premium snapshot date (12/31/2000) for the 2001 plan year, the plan is NOT subject to the variable rate premium for the 2001 plan year.)

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, 2001. On July 7, 2001, a trustee is appointed to administer the plan under ERISA section 4042. Premium forms and payments must be filed for this plan for both the 2000 and 2001 plan years, because a trustee was not appointed until after the beginning of the 2001 plan year. However, the 2001 premium may be prorated by taking a credit for 11/12 of the 2001 plan year (for the period of August 2001 - June 2002), as explained in the instructions for item 15(b) of Form 1-EZ and item 16(b) of Form 1. Alternatively, the full year's premium may be paid and a refund may be requested for the period of August 2001 - June 2002.

Part C WHEN TO FILE

1. General Rule

The following table shows the Filing Due Dates for the 2001 premium payment year.

2001 Filing Due Dates		
Premium Payment Year <u>Begins</u>	First Filing Due Date <u>(Form 1-ES)</u>	Final Filing Due Date (Form 1 and <u>Form 1-EZ)</u>
01/01/2001	02/28/2001	10/15/2001
01/02 - 02/01/2001	04/02/2001*	11/15/2001
02/02 - 03/01/2001	04/30/2001	12/17/2001*
03/02 - 04/01/2001	05/31/2001	01/15/2002
04/02 - 05/01/2001	07/02/2001*	02/15/2002
05/02 - 06/01/2001	07/31/2001	03/15/2002
06/02 - 07/01/2001	08/31/2001	04/15/2002
07/02 - 08/01/2001	10/01/2001*	05/15/2002
08/02 - 09/01/2001	10/31/2001	06/17/2002*
09/02 - 10/01/2001	11/30/2001	07/15/2002
10/02 - 11/01/2001	12/31/2001	08/15/2002
11/02 - 12/01/2001	01/31/2002	09/16/2002*
12/02 - 12/31/2001	02/28/2002	10/15/2002

* **NOTE:** *If your filing is not made by this date, penalty and interest will be calculated from the last day of the month (for Form 1-ES) or the 15th of the month (for Form 1-EZ or Form 1) rather than the following business day — e.g., from Saturday 3/31/2001 rather than Monday 4/02/2001, or from Saturday 12/15/2001 rather than Monday 12/17/2001.*

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 year for which you make the filing (i.e., for 2001 premiums, the 2000 participant count). **NOTE:** The participant count date for purposes of determining whether your plan had 500 or more participants for the prior plan year — and is thus required to pay the flat rate premium for the current plan year by the First Filing Due Date — is different from the participant count date used for computing the premium for the current plan year (see Part H, item 13b., and Part I, item 13b.).

Plans that were required to pay premiums for 500 or more participants for the preceding year must file a Form 1-ES by the First Filing Due Date (generally the last day of the second full calendar month

following the close of the preceding plan year) and a Form 1-EZ or Form 1 by the Final Filing Due Date (generally the 15th day of the tenth full calendar month in the premium payment year). For single-employer plans, only the flat rate premium is due by the First Filing Due Date; the variable rate premium is due by the Final Filing Due Date. For multiemployer plans, the entire premium is due by the First Filing Due Date.

Plans required to pay premiums for fewer than 500 participants for the preceding year are required to file the Form 1-EZ or Form 1 and pay the entire premium due by the Final Filing Due Date.

The 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, the Form 1-ES 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 (see Part G).

No penalty will be charged (although interest will be charged) if you did not make an estimated premium payment 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) (see Part G) for the flat rate premium if the premium based on an estimated participant count that you pay with the Form 1-ES 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 \$19 per-participant flat rate single-employer premium or the \$2.60 per-participant multiemployer premium, or
- b. an amount equal to the participant count for the year before this premium payment year multiplied by \$19 for single-employer plans and \$2.60 for multiemployer plans. 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.

Part C WHEN TO FILE

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 the PBGC by the First Filing Due Date.

See the Form 1-ES instructions in the Estimated Premium Payment Package 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 and penalty charges. If you have all the information needed to file Form 1-EZ or Form 1 on or before the First Filing Due Date, you should file a Form 1-EZ or Form 1. If you file a Form 1-ES, you will still be required to file a Form 1-EZ or Form 1 by the Final Filing Due Date. (A single-employer plan that files a Form 1 with its first payment, but does not include the variable rate portion of the premium, will have to file another Form 1, identified as an “Amended Filing,” with that payment by the Final Filing Due Date.)

2. Plans Filing For The First Time

a. **First Filing Due Date.** New and newly covered plans are not required to pay an estimated premium by a First Filing Due Date.

b. **Final Filing Due Date.** For all new and newly covered plans, regardless of the number of plan participants, that have NOT previously been required to file a Form 1-EZ or Form 1 and pay premiums to us, the Final Filing Due Date is the latest of the following dates:

- (i) the 15th day of the 10th full calendar month that begins on or after the first day of 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 becomes effective for benefit accruals for future service (see Examples 1 and 2),
- (iii) 90 days after the date of the plan’s adoption (see Example 3), or
- (iv) 90 days after the date on which the plan became covered under ERISA section 4021 (see Example 4 below).

c. **Premium Proration.** Effective for plan years beginning in 2001, PBGC rules have been changed to allow premium payers to pay a prorated premium for a short first year (e.g., when a new plan maintained on a calendar year basis becomes effective for benefit accruals for future service on July 1, 2001). The proration is based on the number of full and

partial months in the short first plan year.

To prorate the premium, see the instructions for item 15(b) of Form 1-EZ or item 16(b) of Form 1 (depending on which form you are filing). Alternatively, you may pay a full year’s premium and either (1) claim a credit on a later premium filing or (2) request a partial refund by writing promptly, under separate cover, to the address shown in Part E, item 2. Enclose a copy of the Form 1-EZ or Form 1 that you filed. We will calculate the amount of your refund. If you want your refund paid by electronic wire transfer, you must include the bank routing number and account number with your request and indicate whether the account is a checking account or savings account.

Example 1 A new plan has a calendar plan year. The plan was adopted October 1, 2000, and became effective for benefit accruals January 1, 2001. The Final Filing Due Date for the 2001 plan year is October 15, 2001.

Example 2 A new plan is adopted on December 1, 2001, and has a July 1 - June 30 plan year. The plan became effective for benefit accruals for future service on December 1, 2001. The Final Filing Due Date for the plan’s first year, July 1, 2001, through June 30, 2001, is September 16, 2002. The plan administrator may prorate the 2001 flat rate premium and pay for only seven months (December 2001 - June 2002). This is done by taking a credit for 5/12 of the full year’s premium (for the period of July - November 2001), as explained in the instructions for item 15(b) of Form 1-EZ and item 16(b) of Form 1. Alternatively, the plan administrator may pay the full year’s premium and either (1) claim a credit on a later premium filing or (2) request a refund for the period of July - November 2001.

Example 3 A new plan has a calendar plan year. The plan was adopted on September 15, 2001, with a retroactive effective date of January 1, 2001. The Final Filing Due Date for the 2001 plan year is December 14, 2001, 90 days after the date of the plan’s adoption.

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 13, 2001, 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 2001 plan year is January 11, 2002, 90 days after the date on which the plan became covered.

3. Plans Filing For The Second Time

The due date rules for plans filing for their second (or second covered) plan year are the same as the General Rule under item 1, with one exception. For these plans, the determination of whether the plan has 500 or more participants is made as of the first day of the preceding plan year, i.e., the first day of the plan's first (or first covered) plan year. For plans in their second premium payment year, this is the participant count required to be reported on the preceding year's Form 1.

Example 1 A single-employer plan has a plan year beginning on July 1 and ending on June 30. It had a participant count of 950 as of the first day of its first year, July 1, 2000. The First Filing Due Date for the plan's 2001 (its second) plan year is August 31, 2001, and the plan must generally file a Form 1-ES by that date, using an estimated participant count for determining the flat rate premium. The plan must file its Form 1-EZ or Form 1 and pay any outstanding balance of the flat rate premium plus the variable rate premium by the Final Filing Due Date, which is April 15, 2002.

Example 2 A multiemployer plan has a plan year beginning on July 15 and ending on July 14. It had a participant count of 1,500 as of the first day of the plan's first year, July 15, 2000. The First Filing Due Date for the plan's 2001 (its second) plan year is October 1, 2001, and the plan must generally file a Form 1-ES on that date, using an estimated participant count for determining the amount of the premium. The plan must make a final, reconciliation filing on Form 1-EZ or Form 1 by the Final Filing Due Date, which is May 15, 2002.

Example 3 A plan had a participant count of 300 as of the first day of the plan's first year. This plan has a plan year beginning on April 1 and ending on March 31. For the plan year beginning April 1, 2001 (its second plan year), the plan must file Form 1-EZ

or Form 1 by the Final Filing Due Date, which is January 15, 2002.

4. Plans Changing Plan Years

a. Due Dates. A plan that changes its plan year as the result of a plan amendment must, for the short plan year, follow the due date rules described in Part C, items 1, 2, and 3 above, as applicable. For the plan year following the short plan year:

- (i) The First Filing Due Date is the later of:
 - (A) the last day of the second full calendar month following the close of the short plan year, or
 - (B) 30 days after the date on which the plan amendment changing the plan year is adopted.
- (ii) The Final Filing Due Date is the later of:
 - (A) the 15th day of the 10th full calendar month that begins on or after the first day of the plan year, or
 - (B) 30 days after the date on which the plan amendment changing the plan year is adopted.

b. Premium Proration. Effective for plan years beginning in 2001, PBGC rules have been changed to allow premium payers to pay a prorated premium for a short year resulting from an amendment that changes the plan year. The proration is based on the number of full and partial months in the short final plan year.

To prorate the premium, see the instructions for item 15(b) of Form 1-EZ or item 16(b) of Form 1 (depending on which form you are filing). Alternatively, you may pay a full year's premium and either (1) claim a credit on a later premium filing or (2) request a partial refund by writing promptly, under separate cover, to the address shown in Part E, item 2. Enclose a copy of the Form 1-EZ or Form 1 that you filed. We will calculate the amount of your refund. If you want your refund paid by electronic wire transfer, you must include the bank routing number and account number with your request and indicate whether the account is a checking account or savings account.

Example 1 By plan amendment adopted on December 1, 2000, 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, 2001, and ending May 31, 2001. The plan always has fewer than 500 participants. The Final Filing Due Date for the short plan year is October 15, 2001. The Final Filing Due Date for the new plan year

Part C WHEN TO FILE

beginning on June 1, 2001, is March 15, 2002. The plan administrator may prorate the premium for the short plan year and pay for only five months (January - May 2001). This is done by taking a credit for 7/12 of the full year's premium (for the period of June - December 2001), as explained in the instructions for item 15(b) of Form 1-EZ and item 16(b) of Form 1. Alternatively, the plan administrator may pay a full year's premium and either (1) claim a credit on a later premium filing or (2) request a refund for the period of June - December 2001.

Example 2 By plan amendment adopted on November 3, 2001, and made retroactively effective to February 1, 2001, a plan changes from a plan year beginning on January 1 to a plan year beginning on February 1. The plan always has fewer than 500 participants. The Final Filing Due Date for the short plan year that began on January 1, 2001, is October 15, 2001. The Final Filing Due Date for the new plan year, which began February 1, 2001, is December 3, 2001, 30 days after the adoption of the plan amendment changing the plan year. In making the premium filing for the short plan year, 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 2001). This is done by taking a credit for 11/12 of the full year's premium (for the period of February - December 2001), as explained in the instructions for item 15(b) of Form 1-EZ and item 16(b) of Form 1. (If, after the prorated premium is paid, the amendment is not adopted, the amount of the underpayment would be subject to interest and penalty.) Alternatively, the plan administrator may pay the full year's premium and either (1) claim a credit on a later premium filing or (2) request a refund for the period of February - December 2001.

Example 3 By plan amendment adopted on June 5, 2001, and made retroactively effective to April 1, 2001, a plan changes from a plan year beginning January 1 to a plan year beginning April 1. The plan always has 500 or more participants. The First Filing Due Date for the short plan year is February 28, 2001, and the Final Filing Due Date is October 15, 2001. The First Filing Due Date for the new plan year, which began April 1, 2001, is July 5, 2001, 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 January 15, 2002. The plan administrator may prorate the premium for the short plan year and pay for only three months (January - March 2001). This is done by taking a credit for 9/12 of the full year's premium (for the period of April - December 2001), as explained in the instructions for item 15(b) of Form 1-EZ and item 16(b) of Form 1. Alternatively, the plan administrator may pay the full year's premium and either (1) claim a credit on a later premium filing or (2) request a refund for the period of April - December 2001.

5. Saturday, Sunday, And Federal Holiday

a. 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 March 1, 2001, normally would have a Final Filing Due Date of December 15, 2001. Because that day is a Saturday, the due date is Monday, December 17, 2001.

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

6. Postmark Date Is Controlling

We will consider that you filed Form 1-EZ or Form 1 and made your premium payment (if by check, with the Form 1-EZ or Form 1) on the date on which the mailing envelope is postmarked by the United States Postal Service. If the envelope does not contain a legible Postal Service postmark (regardless of whether it contains a postmark made by a private postage meter), we will consider that you filed the form and made your payment on the date that is three days before the date on which we received it.

7. Relationship Between Form 1-EZ or Form 1 And Form 5500 Series

a. Due Dates. For most plans, the deadline for filing the Form 1-EZ or Form 1 and the Form 5500 series will coincide. This occurs when a corporate plan sponsor applies for the 2½-month extension for

filing its Form 5500. Note: Extensions of time to file the Form 5500 series beyond the Form 1-EZ or Form 1 filing deadline do not extend the Filing Due Dates for the PBGC forms.

Example A calendar year plan has a Final Filing Due Date for the Form 1 of October 15. The corporate plan sponsor applies for the 2½-month Form 5500 extension. This would make the due date for the Form 5500 series (which is normally July 31 for a calendar year plan) also October 15.

b. **Participant Count.** The participant count for premium computation purposes for the PBGC Form 1-EZ or Form 1 and the participant count for the Form 5500 series filed in the same year (2001 Form 1-EZ or Form 1 and 2000 Form 5500) are generally determined as of the same date, i.e., the last day of the plan year preceding the year of the filing, although the two participant counts may differ. (See Part H, item 13b., or Part I, Item 13b.)

c. **Plan Years Covered By Forms.** There is a CRITICAL DIFFERENCE between the two filings. The Form 1-EZ or Form 1 is filed for the current plan year and the Form 5500 series is filed for the previous 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 Form 5500, the 2001 Form 1-EZ or Form 1 and 2000 Form 5500 must be filed by November 15, 2001.)

Part D WHICH FORMS TO FILE

1. General

The PBGC has a new Form 1-EZ that single-employer plans exempt from the variable rate premium must use for paying premiums instead of Form 1 and Schedule A. Thus, you must make your final premium filing by the Final Filing Due Date using the following form(s):

- a. For a multiemployer plan, Form 1 alone;
- b. For a single-employer plan that is exempt from the variable rate premium, Form 1-EZ alone; or
- c. For a single-employer plan that is not exempt from the variable rate premium (even if the plan's variable rate premium is zero), Form 1 with Schedule A.

In addition, the flat rate premium for a plan in any

of these three categories must be paid by the First Filing Due Date if the plan had 500 or more participants for the year preceding the premium payment year. These filings may be made using Form 1-ES (issued in a separate booklet).

2. Exemption From Variable Rate Premium

A single-employer plan is exempt from the variable rate premium only if it meets the requirements for one of the exemptions described in the instructions for item 12 of Form 1-EZ in Part H. 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 item 12 of Form 1-EZ are for:

- a. Plans with no vested participants;
- b. Section 412(i) plans;
- c. Fully funded small plans;
- d. Plans terminating in standard terminations; and
- e. Plans at the full funding limit.

For a more complete description, see the instructions for item 12 of Form 1-EZ in Part H.

3. Distinction Between Multiemployer And Single-Employer Plans

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.

A multiemployer plan is 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.

(The above definition does not apply to a plan that elected on or before September 26, 1981, with PBGC's approval, not to be treated as a multiemployer plan (see ERISA section 4303). Such a plan is treated as a single-employer plan.)

A single-employer plan is any plan that does not meet the above definition of multiemployer plan.

A single-employer plan includes a "multiple employer" plan. A multiple employer plan is a plan—

Part E ADDRESSES

a. to which more than one employer contributes, and

b. that does NOT satisfy the definition of multiemployer plan, or that elected on or before September 26, 1981, with PBGC's approval, not to be treated as a multiemployer plan (see ERISA section 4303).

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 multiple-employer plan and the plan administrator MUST file a Form 1 or Form 1-EZ (and, if applicable, Form 1-ES) and pay a premium 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 a separate Form 1 or Form 1-EZ (and, if applicable, Form 1-ES) and pay a separate premium for the plan of each individual employer.

If separate plans are maintained for different groups of employees, regardless of whether each has the same sponsor or the sponsors are part of the same controlled group, then the plan administrator(s) MUST file a separate Form 1 or Form 1-EZ (and, if applicable, Form 1-ES) and pay a separate premium for each plan.

Part E ADDRESSES

1. Where To File Forms And Send Payments

a. Where to File Forms.

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

Pension Benefit Guaranty Corporation
P.O. Box 64880
Baltimore, MD 21264-4880

Do not use this address for any purpose except to mail your premium forms and your premium payment check(s).

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

ALLFIRST Bank
110 South Paca Street
Mail Code: 109-320/Lockbox #64880
Baltimore, MD 21201

b. Where to Send Payments.

(i) *Checks.* If you pay by check, write the EIN/PN (from item 3(a) and (b) of Form 1-EZ, Form 1 or Form 1-ES) and the date the premium payment year commenced (PYC) on the check and send the check with your premium forms to the applicable address above.

(ii) *Wire Transfers.* If you pay by wire transfer, make the transfer to:

ALLFIRST Bank
Baltimore, Maryland
ABA: 052000113
Account: 425-5265-5
Beneficiary: PBGC
Reference: (give plan's EIN/PN and the date the premium payment year commenced (PYC))

Report the EIN/PN from item 3(a) and (b) of Form 1-EZ, Form 1, or Form 1-ES and the date the premium payment year commenced (PYC), in the payment ID line of the wire transfer in the format "EIN/PN: XX-XXXXXXX/XXX PYC: XX/XX/XX."

2. Where To Obtain Form 1-EZ, Form 1 And Form 1-ES

a. PBGC Mailing. We will mail a 2001 Premium Payment Package containing Form 1-EZ, Form 1, and Schedule A, and, as appropriate, a 2001 Estimated Premium Payment Package containing Form 1-ES, to the plan administrator of each plan for which a 2000 Form 1 was filed. We will mail these forms to the address shown in item 2 of the 2000 Form 1 seven months before the expected Filing Due Date.

b. Computer Generated Forms. There are some companies that will provide software that generates PBGC-approved forms. These forms have been given a 6-digit approval number that appears on each form. These forms are acceptable for submission. In addition, you may download premium forms from the PBGC Web site (www.pbgc.gov). (See A.1. for instructions on printing downloaded or computer-generated forms.)

c. Form Requests.

(i) *Plan Administrator.* If you do not receive a Premium Payment Package and/or Estimated Premium Payment Package, it is your responsibility to obtain it. To do so, or if you need extra copies, contact:

Pension Benefit Guaranty Corporation
P.O. Box 64916
Baltimore, MD 21264-4916
Phone: 1-800-736-2444
(202) 326-4242
TTY/TDD: 1-800-877-8339 — request
connection to (202) 326-4242
E-mail: premiums@pbgc.gov

You may also obtain extra copies of the Premium Payment Package and/or Estimated Premium Payment Package and forms from the Pension and Welfare Benefits Administration of the U.S. Department of Labor (see addresses at the end of this Premium Payment Package).

(ii) *Pension Practitioner.* If you are a pension practitioner serving many covered plans, you may wish to receive a bulk shipment of the Premium Payment Package and/or Estimated Premium Payment Package and forms. If so, complete the order blank at the end of this Premium Payment Package. Check the applicable box on the order blank.

d. Forms For Prior Years. If you are filing for a previous year, you must use the proper year's form(s). To obtain the form(s), you may use the Premium Payment Package Order Form at the end of this package or call 1-800-736-2444 or (202) 326-4242 (TTY/TDD 1-800-877-8339) or fax your order form to (202) 326-4250 or e-mail premiums@pbgc.gov.

3. Where To Get Help In Filing The Form 1-EZ, Form 1 Or Form 1-ES

If you have questions about the single-employer variable rate premium or other premium-related questions or requests, you should contact us at the address or phone number given in item 2 above. This address should also be used to submit requests for reconsideration of late payment penalties and requests for refunds (other than those that are part of a premium filing).

4. Where To Get A Coverage Determination

If you have any questions concerning whether your plan is covered or wish to obtain a coverage determination, promptly contact:

Pension Benefit Guaranty Corporation
Insurance Operations Department - Suite 930
Standard Termination Compliance Division - PTAB
1200 K Street, NW
Washington, DC 20005-4026
Phone: 1-800-736-2444
(202) 326-4000
TTY/TDD: 1-800-877-8339 — request
connection to (202) 326-4000
E-mail: standard@pbgc.gov

Part F HOW TO CORRECT A FILING

1. Making A Payment Without Filing A Form

If you sent in your payment without filing the Form 1-EZ, Form 1, or Form 1-ES, as applicable, send the correct form to the address shown in Part E, item 1.

2. Filing A Form Without Making A Payment

If you sent us Form 1-EZ, Form 1, or Form 1-ES without making your payment, you should send the payment as soon as possible to minimize late payment charges. If you pay by check, write the EIN/PN (from item 3(a) and (b) of Form 1-EZ, Form 1, or Form 1-ES) and the date the premium payment year commenced (PYC) on the check. Enclose your check with a copy of the original form and mail them to the address shown in Part E, item 1. If you pay by wire transfer, make the transfer to:

ALLFIRST Bank
Baltimore, Maryland
ABA: 052000113
Account: 425-5265-5
Beneficiary: PBGC
Reference: (give plan's EIN/PN and the date the premium payment year commenced (PYC))

Report the EIN/PN from item 3(a) and (b) of Form 1-EZ, Form 1, or Form 1-ES and the date the premium payment year commenced (PYC), in the payment ID line of the wire transfer in the format "EIN/PN: XX-XXXXXXX/XXX PYC: XX/XX/XX."

Part G LATE PAYMENT CHARGES

3. Amended Filing—Premium Underpayment

If you discover after you have filed the 2001 Form 1-EZ or Form 1 that you have made an error in your participant count or in the calculation of the variable rate premium due, you must use an original PBGC-printed form (extra forms are included in this booklet), PBGC-approved forms generated with software, or forms downloaded from the PBGC Web site (www.pbgc.gov) to correct your filing. (Only forms for 2001 or later plan years may be downloaded for this purpose.) (Underpayment in an earlier year must be corrected using the form(s) for that specific year. See Part E, item 2.d., for information on obtaining an earlier year's form(s).) Check the box in the heading of the Form 1-EZ or Form 1 to indicate that this is an amended filing. (On prior years' forms without an "Amended Filing" box, print or type "Amended Filing" at the top of the form.) Fill in the Form 1-EZ or Form 1 and Schedule A as you would for your annual filing. Enter the corrected total premium in item 14 of Form 1-EZ or in item 14 or 15(c) of Form 1 (as appropriate). In item 15(b) of Form 1-EZ or item 16(b) of Form 1, enter the sum of the credits you previously claimed in that item plus the amount you paid with your original filing. The amount due with the amended filing should appear in item 16 of Form 1-EZ or item 17 of Form 1. This should equal the difference between the new total premium due and the new total credits. Submit your amended Form 1-EZ or Form 1 (and Schedule A, if applicable) with your payment in accordance with the instructions in Part E, item 1.

4. Amended Filing—Premium Overpayment

If you discover after you have filed the 2001 Form 1-EZ or Form 1 that you overpaid your premium, follow the instructions in item 3 above, except that the difference between the new total premium and the new total credits should be entered in item 17 of Form 1-EZ or item 18 of Form 1. Also, you must check the box in item 17 (Form 1-EZ) or 18 (Form 1) if you want this amount refunded. Mail your amended Form 1-EZ or Form 1 (with Schedule A if appropriate) promptly to the address shown in Part E, item 1. If you want your refund paid by electronic wire transfer, you must provide the bank routing number and account number in item 17 (Form 1-EZ) or item 18 (Form 1) and indicate whether the account is a checking account or savings account.

5. How To Correct An Address

See items 1 and 2 of Part H or Part I 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 your forms 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 using the information found in Part E, item 2.

Part G LATE PAYMENT CHARGES

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 Part A, section 3).)

1. 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 the interest rates are published on or about the 15th of January, April, July, and October in the Federal Register. The rates are also posted on the 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 estimated participant count or an erroneous participant count or other mistake in computing the premium owed.

2. 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. In the past, the penalty has been 5 percent of the unpaid amount for each month (or portion of a month) it remains unpaid. Starting with 1996 plan years, the Late Payment Penalty Charge is lower for premium underpayments that are "self-corrected." The penalty rate is 1% of the late premium payment per month if the late payment is made on or before the date when the PBGC issues a written notification

indicating that there is or may be a premium delinquency (e.g., a statement of account (premium invoice), a past-due-filing notice, or a letter initiating an audit). The normal penalty rate of 5% per month applies to payments made after the PBGC notification date.

3. 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:

Pension Benefit Guaranty Corporation
P.O. Box 64916
Baltimore, MD 21264-4916

Waivers may also be granted based on any other demonstration of good cause. If you wish to request such a waiver, write to the address above after you receive a statement of account (premium invoice) assessing penalties.

It is YOUR responsibility as plan administrator to obtain the necessary forms and submit filings on time. (You should ensure that you maintain an updated address with the PBGC so that we can mail your next Premium Payment Package to you. See Part H, item 2, or Part I, item 2.) We will NOT waive late payment penalties resulting from your failure to obtain the necessary forms.

4. Extension For Form 5500

NOTE: If the plan has an extension of the due date for filing the Form 5500 series, this does NOT extend the Filing Due Date for Form 1.

5. Minimizing Late Payment Charges

If you are having difficulty determining the actual participant count before the First Filing Due Date, see Part C, item 1 “General Rule,” on how to file using an estimated participant count. This will minimize the assessment of Late Payment Charges to the plan.

If you are having difficulty determining your plan’s premium before the Final Filing Due Date, you can file your premium forms using an estimate. You can

then make an amended filing, reflecting the actual figure (see Part F for procedure). This will minimize the assessment of Late Payment Charges to the plan.

If you file a Form 1-ES for your plan by its First Filing Due Date, you may be able to avoid a Late Payment Penalty Charge with respect to that payment (see Part C).

PART H ITEM-BY-ITEM INSTRUCTIONS FOR FORM 1-EZ

NOTE: *This part applies only to single-employer plans that are exempt from the variable rate premium. To be exempt, the plan must meet the requirements for one of the exemptions described in the instructions for item 12 of Form 1-EZ in this part. Having a variable rate premium of zero is not the same as being exempt from the variable-rate premium. (See part D for the forms applicable to other types of filers.)*

Check for Amended Filing

If you are amending your 2001 Final Filing, check this box and complete the forms as explained in Part F.

Check for Disaster Relief

From time to time, when major disasters occur, the PBGC publishes a notice of disaster relief in the Federal Register, waiving late filing penalties for certain plans. If your plan is covered by a PBGC disaster relief notice for this premium filing, follow the instructions in the disaster relief notice and check this box.

The “Item” numbers below refer to the item or line numbers on the Form 1-EZ.

Item 1 Name of Plan Sponsor

Enter the name and address of the plan sponsor.

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, check the first box in the upper right hand corner of item 1.

It is very important that the address shown in item 1 be correct.

The term “plan sponsor” means:

- a. the employer or employers, in the case of a plan maintained by one or more employer(s); or
- b. the employee organization, in the case of a plan

PART H ITEM-BY-ITEM INSTRUCTIONS FOR FORM 1-EZ

established or maintained by an employee organization.

If your plan's premium filings are prepared by a consultant, you may not need to receive your own copy of PBGC premium forms and instructions. If you do not want to receive premium forms and instructions next year, check the second box in the upper right hand corner of item 1. An election not to receive the forms and instructions does not relieve the plan administrator of the obligation to file.

Item 2 Name of Plan Administrator

If the name and address of the plan administrator is the same as that of the plan sponsor, check the second box in the upper right hand corner of item 2 and skip to item 3. Otherwise, enter the name and address of the plan administrator.

If the plan administrator's address or name has changed since your last filing, check the first box in the upper right hand corner of item 2.

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 will use to mail your 2002 Premium Payment Package and, as applicable, 2002 Estimated Premium Payment Package.

Item 3 Plan Sponsor's EIN/PN

Item 3(a) EIN For The Plan Sponsor

Enter the EIN for the plan sponsor.

In the case of a plan to which more than one employer contributes, enter the EIN of the plan sponsor identified in item 1. In the case of a controlled group plan, enter the EIN of the parent or, if there is no parent, of the largest employer.

Item 3(b) Plan Number

Enter the Plan Number (PN) for the plan.

Item 3(c) Does EIN/PN Match Form 5500?

In general, the EIN and PN entered in item 3(a) and (b) should be the same as the EIN and PN reported on the Form 5500 series for the plan year preceding the premium payment year.

If the EIN and PN entered in item 3(a) and (b) both match exactly the EIN/PN entered on the Form 5500 series for the plan year preceding the premium payment year, check the "Yes" box.

If either the EIN or PN is not exactly the same, check the "No" box, enter the EIN/PN used for the Form 5500 filing, attach an explanation, and check

the box in item 18.

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, check the box labeled "2000 Form 5500 not required."

Item 4 Change In EIN/PN

This item should be completed to report a change in EIN or PN since your last premium filing. The EIN of the plan sponsor or the plan's PN may change for a number of reasons.

Item 4(a) Change In EIN

Enter the previous EIN in the space provided.

Item 4(b) Change In PN

Enter the previous PN in the space provided.

Item 4(c) Effective Date

Enter the effective date of the change in EIN/PN.

Item 5 Plan Coverage Status

If the plan is covered under section 4021 of ERISA, check 5(a) "Covered."

If you are not certain if the plan is covered, check 5(b) "Uncertain." See Part B, item 1, and Part E, item 4, of these instructions.

If you check "Uncertain," you should complete Form 1-EZ and pay the applicable premium as if the plan were covered. Attach a separate sheet to explain why you checked "Uncertain," and check the box on line 18.

Item 6 Is This The First Premium Filing For This Plan?

Check the "No" box if you are filing for a second or subsequent time, and go to item 7. Check the "Yes" box if you are filing for the first time, and complete items 6(a), 6(b), and 6(c).

Item 6(a) Plan Effective Date

Enter the date on which the plan became effective with respect to benefit accruals for future service.

Item 6(b) Plan Adoption Date

Enter the date on which the plan was formally adopted.

Item 6(c) Plan Coverage Date

Enter the date on which the plan became covered

under section 4021 of ERISA. If you are unsure whether your plan is covered, check the “Uncertain” box in item 5 and leave item 6(c) blank.

Item 7 Transfers From Disappearing Plans

If 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, check the “Yes” box in item 7. 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. If you check “Yes,” enter in the spaces provided the EIN/PN of each plan that ceased to exist in connection with the transfer of any assets or liabilities to your plan. Also enter the effective date and type of each transfer. The types of transfers are explained below. The effective date of a transfer is determined based on the facts and circumstances of the particular situation. (For transfers subject to section 414(I) of the Code, report the date determined under 26 CFR 1.414(I)-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, 2001, 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, 2001. The effective date of the transfer is January 1, 2001.

If you need to report transfers from more than one plan, attach a separate sheet listing the EIN/PN of each additional plan and the effective date and type of each transfer. If you attach a separate sheet, check the box in item 18.

You do not need to report any transfer in this item 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.

For purposes of this item, the three types of transfer are merger, consolidation, and spinoff, designated as “M,” “C,” and “S” respectively. Check the box under the appropriate letter for the type of each transfer.

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 make an early premium payment with Form 1-ES (no matter how many participants any of the transferor plans had for the prior year(s)) and its 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, so that both the transferor and the transferee plan exist after the transaction. 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.

Note that 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 item 7 is to avoid the need for such correspondence where the reason the plan is not filing is that it has disappeared as the result of a merger, consolidation or spinoff. However, the item 7 explanation 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 the item 7 information to us earlier (addressed to the PBGC at P.O. Box 64916, Baltimore, MD 21264-4916 or by e-mail to premiums@pbgc.gov).

PART H ITEM-BY-ITEM INSTRUCTIONS FOR FORM 1-EZ

Item 8 Industry Code

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

Item 9 Name of Plan

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

Item 10 Name and Phone Number of Plan Contact

Item 10(a) Name of Plan Contact

Enter the name of the person we may contact if we have any questions concerning this filing. If Form 1-EZ was completed by a plan consultant, you may enter the consultant's name.

Item 10(b) Phone Number of Plan Contact

Enter the phone number of the plan contact named in item 10(a).

Item 11 Plan Year

Item 11(a)

Enter the beginning date of the plan year for which you are making the premium payment.

Item 11(b)

Enter the ending date of the plan year for which you are making the premium payment.

Item 11(c)

Check the box if the month and day on which the plan year begins is not the same as that shown on the last Form 1 or Form 1-EZ you filed with us. Attach a separate sheet with a brief explanation for the change, and check the box in item 18.

Item 11(d)

If you checked the box in item 11(c), enter the adoption date of the plan year change. If the change in the plan year beginning date reflects a 52/53-week plan year, rather than a change in plan year, enter all zeroes in item 11(d).

Item 12 Exempt Status

Each plan using Form 1-EZ must meet the requirements for one of the exemptions from the

variable-rate premium that are described below. Check one box in item 12 to indicate the exemption that applies to your plan.

Item 12(a) Plans With No Vested Participants.

Your plan qualifies for this exemption if it has no participants with vested benefits as of the premium snapshot date. If you check this box, your signature in item 19 indicates that you are certifying that no participant was entitled to a vested benefit as of the premium snapshot date.

Item 12(b) Section 412(i) Plans.

Your plan qualifies for this exemption if it is described in section 412(i) of the Code and regulations thereunder on the premium snapshot date. If you check this box, your signature in item 19 indicates that you are certifying that the plan was a plan described in section 412(i) of the Code and regulations thereunder on the premium snapshot date.

Item 12(c) 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 Part J.6. of these instructions) and an enrolled actuary so certifies in item 20.

Item 12(d) 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, if the plan does not ultimately make a final distribution of assets in full satisfaction of its obligations under the standard termination, the right to claim this exemption will be revoked and the premium(s) that would otherwise have been required will be due retroactive to the applicable due date(s). (NOTE: See Part B.1 for rules on when your premium obligation ends.)

Item 12(e) 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 and an enrolled actuary so certifies in item 20. 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 Part C) or the date the Form 1-EZ is filed, the plan's contributing sponsor or contributing sponsors 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. The 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

PART H ITEM-BY-ITEM INSTRUCTIONS FOR FORM 1-EZ

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.

Item 13 Participant Count

Enter the total number of participants covered by the plan. This is the number on which the plan's premium is based.

a. Participant Definition

For the purposes of item 13, "participant" in a plan means an individual with respect to whom the plan has benefit liabilities. A non-vested individual is not counted as a participant after a deemed "zero-dollar cashout," a one-year break in service under plan rules, or death. Any other 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. (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.)

This definition of "participant" is new for plan years beginning in 2001. Under the old definition, individuals would be considered active participants in a plan if they were earning or retaining credited service, even if they did not yet have any benefits under the plan. Under the new definition, such individuals would not be included in the participant count.

One result of this change is that newly created plans that do not grant past service credits will typically owe no flat rate premium for their first year because participants will typically not have any benefits on the premium snapshot date. The participant count will also typically exclude plan participants in permanent part-time jobs who work too few hours to meet their plans' minimum service requirements for accrual.

b. Participant Count Date

Count the number of plan participants as of the premium snapshot date. 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). Example 3 illustrates 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 4 and 5 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 A continuing plan has a plan year beginning September 1, 2001, and ending August 31, 2002. The premium snapshot date is August 31, 2001.

Example 2 A continuing plan changes its plan year from a calendar year to a plan year that begins June 1, 2001. For the plan year beginning January 1, 2001, the premium snapshot date is December 31, 2000. For the plan year beginning June 1, 2001, the premium snapshot date is May 31, 2001.

Example 3 A new plan has a plan year beginning January 1, 2001, and ending December 31, 2001. The premium snapshot date is January 1, 2001.

Example 4 Plan A has a calendar plan year and Plan B has a July 1 - June 30 plan year. Effective January 1, 2001, Plan B merges into Plan A (and the merger is not de minimis). Plan A's premium snapshot date is January 1, 2001. (Since Plan B did not exist at any time during 2001, it does not owe a premium for the 2001 plan year.)

Example 5 Plan A has a calendar plan year. Effective January 1, 2001, 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, 2001. (Plan B's premium snapshot date also is January 1, 2001, since it is a new plan that became effective on that date.)

Item 14 Premium

Multiply the participant count you entered in item 13 by \$19 and enter the result in item 14. This is the total premium due.

Item 15 Premium Credits

Item 15(a) Amount Paid by Check or Wire Transfer With 2001 Form 1-ES

Enter any amounts you previously paid — by check or wire transfer — for the 2001 plan year with Form 1-ES. Do not include any credits claimed on line 7 of Form 1-ES.

Item 15(b) Other credit

Enter the amount of any credit you are entitled to: (1) any available credit claimed on line 7 of your 2001 Form 1-ES, (2) any available credit from line 18 of your 2000 Form 1 (see Part F), (3) any short-year credit (as explained in the following paragraphs), and (4) any other available credit. Attach an explanation of any credit claimed on line 15(b) (other than an amount entered on line 18 of your 2000 Form 1) and check the box in item 18.

Effective for plan years beginning in 2001, PBGC rules have been changed to allow premium payers 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 a change in 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.

Alternatively, you may pay a full year's premium and either (1) request that the PBGC compute and pay a partial refund or (2) claim a credit in a future premium filing. (No premium proration is allowed where a plan disappears by merger or consolidation into another plan.) 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).

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 premium amount you enter on item 14 of Form 1-EZ must be calculated as if there were no short-year proration.

(2) To determine the proration credit for the short plan year, multiply the item 14 amount by the following fraction:

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

PART H ITEM-BY-ITEM INSTRUCTIONS FOR FORM 1-EZ

In determining the numerator of the fraction, any partial month in the short plan year must be counted as a full month.

(3) Enter the result from step (2) (plus any other available credits) in item 15(b).

(4) Subtracting item 15(c) (which includes the amount in item 15(b)) from item 14 will have the effect of prorating the item 14 amount.

For example, suppose your plan year has been changed by amendment from a calendar year to a year beginning July 15. Assume that your premium, calculated as if there were no short-year proration, would be \$11,400. This is the amount you would enter in item 14 of Form 1-EZ. If you choose to prorate your premium, 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 2001 — 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, which you would enter in item 15(b) of Form 1. Assuming you have no other credits, you would pay \$6,650 (*i.e.*, \$11,400 minus \$4,750) with your Form 1-EZ.

Item 15(c) Total Credit

Add items 15(a) and 15(b) and enter the result in item 15(c) of the Form 1. This is the total credit.

Item 16 Premium Due The PBGC

If the amount you entered in item 14 exceeds the amount entered in item 15(c), subtract the amount entered in item 15(c) from the amount entered in item 14 and enter the result in item 16 of the Form 1-EZ. This is the amount you owe the PBGC.

You must pay the premium due by check or by wire transfer. Indicate by checking one of the boxes in item 16 which method you are using. If you pay by check, write the EIN/PN (from item 3(a) and (b)) and the date the premium payment year commenced (PYC) on the check and file the check with Form 1-EZ. If you pay by wire transfer, make the transfer to:

ALLFIRST Bank
Baltimore, Maryland
ABA: 052000113
Account: 425-5265-5
Beneficiary: PBGC
Reference: (give plan's EIN/PN and the date the premium payment year commenced (PYC))

Report the EIN/PN from item 3(a) and (b), and the date the premium payment year commenced (PYC), in the payment ID line of the wire transfer in the format "EIN/PN: XX-XXXXXXX/XXX PYC: XX/XX/XX."

To ensure proper credit of 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 wire transfer.

Item 17 Amount Of Overpayment

If the amount you entered in item 14 is less than the amount entered in item 15(c), subtract the amount entered in item 14 from the amount entered in item 15(c) and enter the result in item 17. This is the amount of your overpayment.

If a premium is overpaid for a plan, and any part of another year's premium or late payment charge is still owing for that plan, the overpayment will be applied toward paying the outstanding amount(s) due.

You may designate which outstanding amount(s) of premium or late payment charge an overpayment is to be applied against (if it has not already been applied). If you do not so designate, we will apply the overpayment first to the outstanding premium, interest, and penalty (in that order) from the earliest plan year, then the next earliest plan year, etc.

An amount of overpayment that is not needed to pay amounts owed may be refunded upon request made within the period specified in the applicable statute of limitations (generally six years after the overpayment was made) or may be claimed as a credit on a Form 1-EZ, Form 1 or Form 1-ES filed within the same period. If item 17 shows an overpayment, you may request a refund by checking the box in item 17. If you want your refund paid by electronic wire transfer, enter in the boxes of item 17 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. An overpayment on one plan cannot be applied to offset an underpayment on one or more other plans.

Item 18 Additional Information

If you have used attachments to explain any of your answers, check the box in item 18. Be sure to show your plan's EIN/PN and the date on which the premium payment year commenced (PYC) at the top of each sheet.

Item 19 Certification of Plan Administrator

The plan administrator must sign and date the certification in item 19. We may return any filing that does not have your original signature in item 19. The certification has two parts. The first part is a general certification that Form 1-EZ has been correctly completed and that any information given to the enrolled actuary is true, correct, and complete. The second part is a certification regarding compliance with the Participant Notice requirements in ERISA section 4011 (29 U.S.C. 1311) and the PBGC’s regulation on Disclosure to Participants (29 CFR Part 4011).

For each plan year for which a variable rate premium is payable for a plan, the plan administrator must issue a notice to participants about the plan’s funding status and the limits on the PBGC’s guarantee, unless the plan is exempt from the notice requirement under ERISA and the Disclosure to Participants regulation. The Participant Notice is due no later than two months after the Form 5500 due date (or extended due date) for the prior plan year. For purposes of determining whether the Participant Notice was timely issued, if any due date (or extended due date) falls on a Saturday, Sunday, or legal holiday, the applicable due date is the next business day.

The certification relates to the Participant Notice requirement for the plan year preceding the premium payment year. You must check box (a), (b), or (c). If you check box (c) (e.g., because a required Participant Notice was not issued or was issued late), you must attach an explanation and check the box in item 18.

NOTE: If your plan had no variable rate premium for the plan year preceding the premium payment year, the Participant Notice requirement did not apply for that year and you can check box (a). Other exemptions are described in the Disclosure to Participants regulation. Note in particular that the regulation contains an exemption for certain new and newly-covered plans.

Item 20 Certification of Enrolled Actuary

If the box in item 12(c) or 12(e) is checked, an enrolled actuary must certify in item 20 that the plan qualifies for the applicable exemption.

Part I ITEM-BY-ITEM INSTRUCTIONS FOR FORM 1

NOTE: *This part applies only to multiemployer plans and to single-employer plans that are not exempt from the variable rate premium. Unless the plan meets the requirements for one of the exemptions described in the instructions for item 12 of Form 1-EZ in part H, it is not exempt. Having a variable rate premium of zero is not the same as being exempt from the variable-rate premium. (See part D for the forms applicable to other types of filers.)*

Check for Amended Filing

If you are amending your 2001 Final Filing, check this box and complete the forms as explained in Part F.

Check for Disaster Relief

From time to time, when major disasters occur, the PBGC publishes a notice of disaster relief in the Federal Register, waiving late filing penalties for certain plans. If your plan is covered by a PBGC disaster relief notice for this premium filing, follow the instructions in the notice and check this box.

The “Item” numbers below refer to the item or line numbers on the Form 1.

Item 1 Name of Plan Sponsor

Enter the name and address of the plan sponsor. 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, check the first box in the upper right hand corner of item 1.

It is very important that the address shown in item 1 be correct.

The term “plan sponsor” means:

- a. the employer(s), in the case of a single-employer pension plan;
- b. the employee organization, in the case of a plan established or maintained by an employee organization; or
- c. in the case of a plan established or maintained by two or more employers and one or more employee organizations, the association, committee, joint board of trustees, or other similar group of representatives of the parties who establish or maintain the plan.

If your plan’s premium filings are prepared by a

Part I ITEM-BY-ITEM INSTRUCTIONS FOR FORM 1

consultant, you may not need to receive your own copy of PBGC premium forms and instructions. If you do not want to receive premium forms and instructions next year, check the second box in the upper right hand corner of item 1. An election not to receive the forms and instructions does not relieve the plan administrator of the obligation to file.

Item 2 Name of Plan Administrator

If the name and address of the plan administrator is the same as that of the plan sponsor, check the second box in the upper right hand corner of item 2 and skip to item 3. Otherwise, enter the name and address of the plan administrator.

If the plan administrator's address or name has changed since your last filing, check the first box in the upper right hand corner of item 2.

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 will use to mail your 2002 Premium Payment Package and, as applicable, 2002 Estimated Premium Payment Package.

Item 3 Plan Sponsor's EIN/PN

Item 3(a) EIN For The Plan Sponsor

Enter the EIN for the plan sponsor.

For plans that meet the definition of a multiemployer plan, enter the EIN assigned to the joint board of trustees. In the case of a plan to which more than one employer contributes (other than a multiemployer plan), enter the EIN of the plan sponsor identified in item 1. In the case of a controlled group plan, enter the EIN of the parent or, if there is no parent, of the largest employer.

Item 3(b) Plan Number

Enter the Plan Number (PN) for the plan.

Item 3(c) Does EIN/PN Match Form 5500?

In general, the EIN and PN entered in item 3(a) and (b) should be the same as the EIN and PN reported on the Form 5500 series for the plan year preceding the premium payment year.

If the EIN and PN entered in item 3(a) and (b) both match exactly the EIN/PN entered on the Form 5500 series for the plan year preceding the premium payment year, check the "Yes" box.

If either the EIN or PN is not exactly the same, check the "No" box, enter the EIN/PN used for the Form 5500 filing, attach an explanation, and check

the box in item 19.

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, check the box labeled "2000 Form 5500 not required."

Item 4 Change In EIN/PN

This item should be completed to report a change in EIN or PN since your last premium filing. The EIN of the plan sponsor or the plan's PN may change for a number of reasons.

Item 4(a) Change In EIN

Enter the previous EIN in the space provided.

Item 4(b) Change In PN

Enter the previous PN in the space provided.

Item 4(c) Effective Date

Enter the effective date of the change in EIN/PN.

Item 5 Plan Coverage Status

If the plan is covered under section 4021 of ERISA, check 5(a) "Covered."

If you are not certain if the plan is covered, check 5(b) "Uncertain." See Part B, item 1, and Part E, item 4, of these instructions.

If you check "Uncertain," you should complete Form 1 and pay the applicable premium as if the plan were covered. Attach a separate sheet to explain why you checked "Uncertain," and check the box on line 19.

Item 6 Is This The First Premium Filing For This Plan?

Check the "No" box if you are filing for a second or subsequent time, and go to item 7. Check the "Yes" box if you are filing for the first time, and complete items 6(a), 6(b), and 6(c).

Item 6(a) Plan Effective Date

Enter the date on which the plan became effective with respect to benefit accruals for future service.

Item 6(b) Plan Adoption Date

Enter the date on which the plan was formally adopted.

Item 6(c) Plan Coverage Date

Enter the date on which the plan became covered

under section 4021 of ERISA. If you are unsure whether your plan is covered, check the “Uncertain” box in item 5 and leave this date field blank.

Item 7 Transfers From Disappearing Plans

If 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, check the “Yes” box in item 7. 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. If you check “Yes,” enter in the spaces provided the EIN/PN of each plan that ceased to exist in connection with the transfer of any assets or liabilities to your plan. Also enter the effective date and type of each transfer. The types of transfers are explained below. The effective date of a transfer is determined based on the facts and circumstances of the particular situation. (For transfers subject to section 414(I) of the Code, report the date determined under 26 CFR 1.414(I)-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, 2001, 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, 2001. The effective date of the transfer is January 1, 2001.

If you need to report transfers from more than 2 plans, attach a separate sheet listing the EIN/PN of each additional plan and the effective date and type of each transfer. If you attach a separate sheet, check the box in item 19.

You do not need to report any transfer in this item 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.

For purposes of this item, the three types of transfer

are merger, consolidation, and spinoff, designated as “M,” “C,” and “S” respectively. Check the box under the appropriate letter for the type of each transfer.

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 make an early premium payment with Form 1-ES (no matter how many participants any of the transferor plans had for the prior year(s)), it may not use the alternative calculation method, and its 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, so that both the transferor and the transferee plan exist after the transaction. 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.

Note that refunds are 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 item 7 is to avoid the need for such correspondence where the reason the plan is not filing is that it has disappeared as the result of a merger, consolidation or spinoff. However, the item 7 explanation 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 the item 7 information to us earlier (addressed to the PBGC at P.O. Box 64916, Baltimore, MD 21264-4916 or by e-mail to premiums@pbgc.gov).

Part I ITEM-BY-ITEM INSTRUCTIONS FOR FORM 1

Item 8 Industry Code

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

Item 9 Name of Plan

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

Item 10 Name and Phone Number of Plan Contact

Item 10(a) Name of Plan Contact

Enter the name of the person we may contact if we have any questions concerning this filing. If Form 1 was completed by a plan consultant, you may enter the consultant's name.

Item 10(b) Phone Number of Plan Contact

Enter the phone number of the plan contact named in item 10(a).

Item 11 Plan Type

Check the applicable box to show plan type. See Part D, item 3, for an explanation of the distinction between multiemployer and single-employer plans.

Item 11(a) Multiemployer Plans

Check item 11(a), "Multiemployer Plan," if the plan is a multiemployer plan.

Item 11(b) Single-Employer Plans

Check item 11(b), "Single-Employer Plan," if the plan is not a multiemployer plan.

Item 12 Plan Year

Item 12(a)

Enter the beginning date of the plan year for which you are making the premium payment.

Item 12(b)

Enter the ending date of the plan year for which you are making the premium payment.

Item 12(c)

Check the box if the month and day on which the plan year begins is not the same as that shown on the last Form 1 or Form 1-EZ you filed with us. Attach a

separate sheet with a brief explanation for the change, and check the box in item 19.

Item 12(d)

If you checked the box in item 12(c), enter the adoption date of the plan year change. If the change in the plan year beginning date reflects a 52/53-week plan year, rather than a change in plan year, enter all zeroes in item 12(d).

Item 13 Participant Count

Enter the total number of participants covered by the plan. This is the number on which the plan's premium is based.

a. Participant Definition

For the purposes of item 13, "participant" in a plan means an individual with respect to whom the plan has benefit liabilities. A non-vested individual is not counted as a participant after a deemed "zero-dollar cashout," a one-year break in service under plan rules, or death. Any other 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. (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.)

This definition of "participant" is new for plan years beginning in 2001. Under the old definition, individuals would be considered active participants in a plan if they were earning or retaining credited service, even if they did not yet have any benefits under the plan. Under the new definition, such individuals would not be included in the participant count.

One result of this change is that newly created plans that do not grant past service credits will typically owe no flat-rate premium for their first year because participants will typically not have any benefits on the premium snapshot date. The participant count will also typically exclude plan participants in permanent part-time jobs who work too few hours to meet their plans' minimum service requirements for accrual.

b. Participant Count Date

Count the number of plan participants as of the premium snapshot date. 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). Example 3 illustrates 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 4 and 5 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 A continuing plan has a plan year beginning September 1, 2001, and ending August 31, 2002. The premium snapshot date is August 31, 2001.

Example 2 A continuing plan changes its plan year from a calendar year to a plan year that begins June 1, 2001. For the plan year beginning January 1, 2001, the premium snapshot date is December 31, 2000. For the plan year beginning June 1, 2001, the premium snapshot date is May 31, 2001.

Example 3 A new plan has a plan year beginning January 1, 2001, and ending December 31, 2001. The premium snapshot date is January 1, 2001.

Example 4 Plan A has a calendar plan year and Plan B has a July 1 - June 30 plan year. Effective January 1, 2001, Plan B merges into Plan A (and the merger is not de minimis). Plan A's premium snapshot date is January 1, 2001. (Since Plan B did not exist at any time during 2001, it does not owe a premium for the 2001 plan year.)

Example 5 Plan A has a calendar plan year. Effective January 1, 2001, 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, 2001. (Plan B's premium snapshot date also is January 1, 2001, since it is a new plan that became effective on that date.)

Item 14 Premium For Multiemployer Plans

Multiply the participant count you entered in item 13 by \$2.60. Enter the result in item 14. This is the total premium due.

Item 15 Premium For Single-Employer Plans

Item 15(a) Flat Rate Premium

Multiply the participant count you entered in item 13 by \$19 and enter the result in item 15(a). This is the flat rate premium.

Item 15(b) Variable Rate Premium

In item 15(b) enter the amount entered in line 5 of Schedule A. This is the amount you must pay for the variable rate premium.

Item 15(c) Total Premium

Add items 15(a) and 15(b) and enter the result in item 15(c) of the Form 1. This is the total premium.

Item 16 Premium Credits

Item 16(a) Amount Paid by Check or Wire Transfer With 2001 Form 1-ES

Enter any amounts you previously paid — by check or wire transfer — for the 2001 plan year with Form 1-ES. Do not include any credits claimed on line 7 of Form 1-ES.

Item 16(b) Other credit

Enter the amount of any credit you are entitled to: (1) any available credit claimed on line 7 of your 2001 Form 1-ES, (2) any available credit from line 18 of your 2000 Form 1 (see Part F), (3) any short-year credit (as explained in the following paragraphs), and (4) any other available credit. Attach an explanation of any credit claimed on line 16(b) (other than an amount entered on line 18 of your 2000 Form 1) and check the box in item 19.

Effective for plan years beginning in 2001, PBGC rules have been changed to allow premium payers 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 a change in 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.

Alternatively, you may pay a full year's premium and either (1) request that the PBGC compute and pay a partial refund or (2) claim a credit in a future premium filing. (No premium proration is allowed where a plan disappears by merger or consolidation into another plan.) 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

Part I ITEM-BY-ITEM INSTRUCTIONS FOR FORM 1

anticipated, you will have to make up any premium underpayment (which will be subject to interest and penalties).

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 premium amount you enter on line 14 or 15(c) of Form 1 must be calculated as if there were no short-year proration.

(2) To determine the proration credit for the short plan year, multiply the line 14 or 15(c) amount 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.

(3) Enter the result from step (2) (plus any other available credits) in item 16(b).

(4) Subtracting item 16(c) (which includes the amount in item 16(b)) from item 14 or 15(c) will have the effect of prorating the item 14 or 15(c) amount.

For example, suppose your plan year has been changed by amendment from a calendar year to a year beginning July 15. Assume that your premium, calculated as if there were no short-year proration, would be \$11,400. This is the amount you would enter on line 14 or 15(c) of Form 1. If you choose to prorate your premium, 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 2001 — 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, which you would enter in item 16(b) of Form 1. Assuming you have no other credits, you would pay \$6,650 (*i.e.*, \$11,400 minus \$4,750) with your Form 1.

Item 16(c) Total Credit

Add items 16(a) and 16(b) and enter the result in item 16(c) of the Form 1. This is the total credit.

Item 17 Premium Due The PBGC

If this is a multiemployer plan and the amount you entered in item 14 exceeds the amount entered in item 16(c), subtract the amount entered in item 16(c) from the amount entered in item 14 and enter the result in item 17 of Form 1. This is the amount you

owe the PBGC.

If this is a single-employer plan and the amount you entered in item 15(c) exceeds the amount entered in item 16(c), subtract the amount entered in item 16(c) from the amount entered in item 15(c) and enter the result in item 17 of the Form 1. This is the amount you owe the PBGC.

You must pay the premium due by check or by wire transfer. Indicate by checking one of the boxes in item 17 which method you are using. If you pay by check, write the EIN/PN (from item 3(a) and (b) of Form 1) and the date the premium payment year commenced (PYC) on the check and file the check with Form 1. If you pay by wire transfer, make the transfer to:

ALLFIRST Bank
Baltimore, Maryland
ABA: 052000113
Account: 425-5265-5
Beneficiary: PBGC
Reference: (give plan's EIN/PN and the date the premium payment year commenced (PYC))

Report the EIN/PN from item 3(a) and (b) of Form 1, and the date the premium payment year commenced (PYC), in the payment ID line of the wire transfer in the format "EIN/PN: XX-XXXXXXXX/XXX PYC: XX/XX/XX."

To ensure proper credit of 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 wire transfer.

Item 18 Amount Of Overpayment

If this is a multiemployer plan and the amount you entered in item 14 is less than the amount entered in item 16(c), subtract the amount entered in item 14 from the amount entered in item 16(c) and enter the result in item 18. This is the amount of your overpayment.

If this is a single-employer plan and the amount you entered in item 15(c) is less than the amount entered in item 16(c), subtract the amount entered in item 15(c) from the amount entered in item 16(c) and enter the result in item 18. This is the amount of your overpayment.

If a premium is overpaid for a plan, and any part of another year's premium or late payment charge is still owing for that plan, the overpayment will be

applied toward paying the outstanding amount(s) due.

You may designate which outstanding amount(s) of premium or late payment charge an overpayment is to be applied against (if it has not already been applied). If you do not so designate, we will apply the overpayment first to the outstanding premium, interest, and penalty (in that order) from the earliest plan year, then the next earliest plan year, etc.

An amount of overpayment that is not needed to pay amounts owed may be refunded upon request made within the period specified in the applicable statute of limitations (generally six years after the overpayment was made) or may be claimed as a credit on a premium filing made within the same period. If item 18 shows an overpayment, you may request a refund by checking the box in item 18. If you want your refund paid by electronic wire transfer, enter in the boxes of item 18 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. An overpayment on one plan cannot be applied to offset an underpayment on one or more other plans.

Item 19 Additional Information

If you have used attachments other than the Schedule A to explain any of your answers, check the box in item 19. Be sure to show your plan's EIN/PN and the date on which the premium payment year commenced (PYC) at the top of each sheet.

Item 20 Certification of Multiemployer Plan Administrator

If your plan is a multiemployer plan, then you, as plan administrator, must sign the Form 1 in this space. We may return your filing if it does not have your signature. Single-employer plans – see items 6 and 7 of Schedule A to Form 1.

Part J GENERAL INSTRUCTIONS FOR SCHEDULE A

NOTE: This part applies only to single-employer plans that are not exempt from the variable rate premium. Unless the plan meets the requirements for one of the exemptions described in the instructions for item 12 of Form 1-EZ in part H, it is not exempt. Having a variable rate premium of zero is not the same as being exempt from the variable rate premium. (See part D for the forms applicable to other types of filers.)

This part gives you the general instructions and requirements for filling out the Schedule A that must be attached to each Form 1 for each single-employer plan that is not exempt from paying the Variable Rate Premium. (Paying a zero variable rate premium is not the same as being exempt from the variable rate premium.)

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 complete the Schedule A than under others. Some methods require the services of an enrolled actuary. We urge you to review this part carefully before completing Schedule A in order to take advantage of the filing method that best suits your needs.

The specific instructions for each line of the Schedule A are in Part K, Line-By-Line Instructions for Schedule A.

1. General Requirements

All single-employer plans that are not exempt from paying the variable rate premium must complete Schedule A of the PBGC Form 1. You will use Schedule A to determine the amount of the variable rate premium. For some plans, the amount will be \$0. The variable rate premium (even if it is \$0) must be entered on the Schedule A, line 5, and also on the Form 1, Line 15(b). You, and in some cases an enrolled actuary, must certify that the variable rate premium is correct, even if the amount is \$0.

The variable rate premium is \$9 per \$1,000, or fraction thereof, of unfunded vested benefits as of the premium snapshot date. The vested benefits must be valued using an interest rate required by ERISA. (See Part J.6.)

We remind filers that, in the preamble to the October 5, 1988, proposed premium regulation, the 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.

Part J GENERAL INSTRUCTIONS FOR SCHEDULE A

2. Failure To File Schedule A As Required

If you fail to file a completed and signed Schedule A as required, we may return your entire filing along with any payment you make and the payment may be treated as not having been made. The PBGC may rely on data it obtains from other sources to estimate the variable rate amount due and you will be billed for that amount plus penalties and interest, as applicable. You may be assessed penalties under ERISA section 4071 if you fail to file.

3. Computation Date For The Variable Rate Premium

The date for the computation or determination of the variable rate premium is the premium snapshot date—the same date used for the participant count. See Part I, item 13.b., for examples.

4. Filing Method

You must calculate the variable rate premium on Schedule A using one of the three filing methods listed below and pay any variable rate premium owed. The list shows the box to check on line 1 of Schedule A for each filing method.

LINE FILING METHODS

- 1(a) General Rule
(See (a) below.)
- 1(b) Alternative Calculation Method (ACM)
(See (b) below.)
- 1(c) Modified ACM for plans terminating in distress or involuntary termination (See (c) below.)

Any plan may use the “General Rule.” The General Rule 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. (For a more complete description of the requirements, see (a) below.)

To avoid the expense that might be involved in using the General Rule, you may wish to consider using an optional filing method. Review the requirements for each optional method to see if you can use it and whether you wish to do so.

The first optional filing method — the Alternative Calculation Method — 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. (For a more complete description of the

requirements, see (b) below.)

The second optional filing method is a modified version of the Alternative Calculation Method for plans terminating in distress or involuntary terminations. It uses the Schedule B for the termination plan year or, if unavailable, for the preceding plan year. (For a more complete description of the requirements, see (c) below.)

(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 Part J.6. of these instructions, over (2) the actuarial value of the plan’s assets determined in accordance with ERISA section 302(c)(2) 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(I)(7)(C)(ii) require that a plan’s current liability be determined using specified mortality tables; *e.g.*, you must use the 1983 Group Annuity Mortality table from Revenue Ruling 95-28, 1995-14 I.R.B. 4, for healthy lives.)

(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 described in Part J.5. below, 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 the Act 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 to the determination of the variable rate premium. In addition—

(i) in the case of a large plan (500 or more participants), if the enrolled actuary—determines that the actuarial value of plan assets equals or exceeds the value of all accrued benefits (valued at the Required Interest Rate described in Part J.6. of these instructions); and—elects to report the value of accrued benefits in lieu of the value of vested benefits on line 2(b) of Schedule A,

the enrolled actuary must certify to having done so on line 7(a) of Schedule A.

(ii) If—the interest rate used by the plan to value current liability was not greater than the Required Interest Rate described in Part J.6.; and—the enrolled actuary reports the value of vested benefits at the plan's interest rate on line 2(b) of

Schedule A,

the enrolled actuary must certify to the above on line 7(b) of Schedule A.

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

(4) Instructions: For line-by-line instructions for completing Schedule A, see Part K, Subpart 1 of these instructions.

(5) Schedule A Filing Method: Check the box for item 1(a).

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

The first formula 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. Part J.6. of these instructions tells you how to determine the Required Interest Rate that applies to your plan.

The second formula adjusts the resulting unfunded vested benefits figure for the passage of time from the first day of the plan year preceding the premium payment year to the premium snapshot date. The adjustment is necessary because, for premium purposes, unfunded vested benefits are determined as of the premium snapshot date. See the line-by-line instructions in Part K, Subpart 2, lines 2(b) and 4, for the two 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 adjust the unfunded vested benefits to reflect the occurrence of any significant event between the first day of the plan year preceding the premium payment year and the premium snapshot date. See Part J.5. for a list of significant events.

(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 on lines 2b(1), 2b(2), and 2b(3);

(ii) the interest rate, reported on line 6a(1), used to determine the vested benefit values;

(iii) the assumed retirement age reported on line 6b; and

Part J GENERAL INSTRUCTIONS FOR SCHEDULE A

(iv) assets reported on line 1b(2) or 2a.

(2) Certification Requirements (in addition to plan administrator certification): For plans with 500 or more participants, an enrolled actuary must certify on line 7(c) that the unfunded vested benefits have been adjusted for the occurrence, if any, of a significant event and that the adjustment is consistent with generally accepted actuarial principles and practices.

(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 Part J.5.

(4) Instructions: For line-by-line instructions for completing Schedule A, see Part K, Subpart 2, of these instructions.

(5) Schedule A Filing Method: Check the applicable box under item 1(b). If your plan has fewer than 500 participants, check the box for item 1(b)(1). If your plan has 500 or more participants, check the box for item 1(b)(2).

(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.

(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 the 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 have filed 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 the 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 Part J.4.(b)(1) of these instructions. (NOTE: Line item references in the Alternative Calculation Method instructions are to the 2000 Schedule B. If the Schedule B you are using under this special rule is for an earlier year with different line numbers, use the corresponding line numbers listed in Part K, Subpart 3.)

NOTE: This method assumes (in the case of a distress termination) that the PBGC has not disapproved the termination or (in the case of an involuntary termination) that the 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. (See Part J.4.(b)(2) of these instructions.)

(3) Size Requirement: Same as for Alternative Calculation Method. (See Part J.4.(b)(3) of these instructions.)

(4) Instructions: For line-by-line instructions for completing Schedule A, see Part K, Subpart 3, of these instructions.

(5) Schedule A Filing Method: Check the box on Schedule A, item 1(c).

5. Significant Events

a. General Rule. Plans filing under the General Rule must use actuarial assumptions and methods that reflect the occurrence, if any, of a significant event listed below between the date of the funding valuation for the plan year preceding the premium payment year and the premium snapshot date.

b. Alternative Calculation Method (ACM). Plans with 500 or more participants filing under the Alternative Calculation Method are required to reflect in the value of unfunded vested benefits as of the premium snapshot date the occurrence, if any, of

a significant event listed below between the first day of the plan year preceding the premium payment year and the premium snapshot date.

c. Modified ACM For Plans Terminating In Distress Or Involuntary Terminations. Plans with 500 or more participants filing under the method for plans terminating in distress or involuntary terminations are required to reflect in the value of unfunded vested benefits as of the premium snapshot date the occurrence, if any, of a significant event listed below between the first day of the plan year for which the Schedule B being used was filed and the premium snapshot date.

d. Significant Events.

The Significant Events are:

- (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% 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% 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% 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.

6. Required Interest Rate For Valuing Vested Benefits

For your convenience, the Required Interest Rate to be used in valuing vested benefits of a plan under the General Rule, the Alternative Calculation Method, or the method for plans terminating in involuntary or distress terminations is now posted on the PBGC's Web site, www.pbgc.gov. The Required Interest Rate

also can be obtained by calling (202) 326-4041. The rate is determined by the month in which your plan year begins.

The Required Interest Rate is equal to the "applicable percentage" of the annual yield for 30-year Treasury constant maturity securities, which is reported in Federal Reserve Statistical Release G.13 and H.15, for the calendar month preceding the calendar month in which the premium payment year begins. The "applicable percentage" for 2001 premium payment years is 85 percent. (The "applicable percentage" will change to 100 percent for the first plan year for which new mortality tables are prescribed under sections 302(d)(7) of ERISA and 412(l)(7) of the Code. New tables might have been prescribed for plan years beginning as early as 2001, but they have not yet been prescribed.)

On or about the 15th of each month, the PBGC publishes in the Federal Register a list of the Required Interest Rates for the preceding 12 months.

For Further Information, contact:

Pension Benefit Guaranty Corporation
Communications & Public Affairs Department
1200 K Street, NW
Washington, DC 20005-4026

Telephone: (202) 326-4040

TTY/TDD: 1-800-877-8339 — request
connection to (202) 326-4040

7. Certification Of Plan Administrator

The plan administrator must sign and date the certification in item 6 of Schedule A. We may return any filing that does not have your original signature in item 6. The certification has two parts: (1) a general certification that Form 1 and Schedule A have been completed correctly and that any information given to the enrolled actuary is true, correct, and complete, and (2) a certification regarding compliance with the Participant Notice requirements in ERISA section 4011 (29 U.S.C. 1311) and the PBGC's regulation on Disclosure to Participants (29 CFR Part 4011).

For each plan year for which a variable rate premium is payable for a plan, the plan administrator must issue a notice to participants about the plan's funding status and the limits on the PBGC's guarantee, unless the plan is exempt from the notice requirement under ERISA and the Disclosure to Participants regulation. The Participant Notice is due no later than two months after the Form 5500 due

Part K LINE-BY-LINE INSTRUCTIONS FOR SCHEDULE A

date (or extended due date) for the prior plan year. For purposes of determining whether the Participant Notice was timely issued, if any due date (or extended due date) falls on a Saturday, Sunday, or legal holiday, the applicable due date is the next business day.

The certification relates to the Participant Notice requirement for the plan year preceding the premium payment year. You must check box (a), (b), or (c). If you check box (c) (e.g., because a required Participant Notice was not issued or was issued late), you must attach an explanation.

NOTE: If your plan had no variable rate premium for the plan year preceding the premium payment year, the Participant Notice requirement did not apply for that year and you can check box (a). Other exemptions are described in the Disclosure to Participants regulation. Note in particular that the regulation contains an exemption for certain new and newly-covered plans.

Part K LINE-BY-LINE INSTRUCTIONS FOR SCHEDULE A

NOTE: *This part applies only to single-employer plans that are not exempt from the variable rate premium. Unless the plan meets the requirements for one of the exemptions described in the instructions for item 12 of Form 1-EZ in part H, it is not exempt. Having a variable rate premium of zero is not the same as being exempt from the variable-rate premium. (See part D for the forms applicable to other types of filers.)*

Note: Money amounts entered in items 2, 3, and 4 of Schedule A should be in dollars only (no cents). See rounding instructions under these items.

The instructions in this Part are divided into a separate Subpart for each one of the items in the Filing Method section of Schedule A. To determine which filing method your plan may use, see Part J.4., Filing Method.

Each Subpart has all the instructions you will need to fill out each line on the Schedule A for your plan’s filing method.

Below is an index to the Subparts in this part. On the left under “FILING METHOD” is the plan’s filing method. On the right under “SUBPART” is the appropriate Subpart in this Part with the line-by-line instructions.

Index to Part K Subparts	
<u>FILING METHOD</u>	<u>SUBPART</u>
(1) General Rule.	Subpart 1
(2) Alternative Calculation Method (ACM):	
(i) Plans with fewer than 500 participants.	Subpart 2
(ii) Plans with 500 or more participants.	Subpart 2
(3) Modified ACM for Plans Terminating in Distress or Involuntary Terminations.	Subpart 3

Subpart 1 GENERAL RULE

Be sure to read Part J.4(a) carefully, in addition to the following line-by-line instructions.

Line 1 Filing Status

If you use the General Rule, you must check the box in item 1(a)

Line 2 Present Value Of Vested Benefits

You must report on line 2(b) the value of the plan’s vested benefits using the Required Interest Rate. Line 2(a) does not apply to plans using the General Rule, so make no entries in line 2(a). Round entries that include cents down to the next lower whole dollar amount. The value of a plan’s vested benefits for premium purposes equals the amount of the plan’s current liability (within the meaning of section 302(d)(7) of ERISA) determined by taking into account only vested benefits.

Relief Rule 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.

If an enrolled actuary determines that the Total Value of Plan Assets on line 3(d) 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 on line 2(b) the values of accrued benefits adjusted only for the Required Interest Rate.

If you use this rule, the enrolled actuary must check box (a) on line 7.

Relief Rule Interest Adjustment Relief Rule

If the Required Interest Rate for your plan is equal to or greater than the plan interest rate, the value of benefits you enter on line 2(b) may be determined using the plan interest rate instead of the Required Interest Rate.

If you use this relief rule for line 2(b), the enrolled actuary for the plan must check box (b) on line 7.

Determination Date

Enter the date as of which the value of vested benefits was determined for premium purposes. The determination date must be the premium snapshot date.

Assumed Retirement Age

Enter the assumed retirement age used to determine the present value of vested benefits for participants and beneficiaries not receiving payments.

Required Interest Rate

Enter the Required Interest Rate (See Part J.6. of these instructions) that must be used by the plan to value vested benefits for premium purposes.

Accrual Factor

The accrual factor refers to the benefit accrual adjustment, which does not apply to plans using the General Rule. Do not enter anything in this space.

Line 2(a)(1) Plan Value of Vested Benefits — Those Receiving Payments

Do not enter any information in either the “Value” column or the “Interest Rate” column under this item.

Line 2(a)(2) Plan Value of Vested Benefits — Those Not Receiving Payments

Do not enter any information in either the “Value” column or the “Interest Rate” column under this item.

Line 2(a)(3) Total Plan Value of Vested Benefits

Do not enter any information in either the “Value” column or the “Interest Rate” column under this item.

Line 2(b) Adjusted Value of Vested Benefits

You must report on line 2(b) the adjusted value of vested benefits using the Required Interest Rate entered on line 2. The determination of the adjusted value must meet all the requirements set forth in Part J.4.(a) of these instructions.

Line 2(b)(1) Adjusted Value of Vested Benefits — Those Receiving Payments

Enter the adjusted present value of vested benefits for retirees and beneficiaries receiving payments, determined in accordance with the requirements set forth in Part J.4.(a) of these instructions.

Line 2(b)(2) Adjusted Value of Vested Benefits — Those Not Receiving Payments

Enter the adjusted present value of vested benefits for participants not receiving payments, determined in accordance with the requirements set forth in Part J.4.(a) of these instructions.

Line 2(b)(3) Total Adjusted Vested Benefits

Enter the total amount of the present value of adjusted vested benefits. This is the sum of line 2(b)(1) plus line 2(b)(2).

Line 3 Value Of Plan Assets

Line 3(a) Value Of Plan Assets As Of Determination Date

Enter the date as of which assets were valued for premium purposes. The date must be the same as the determination date you entered on line 2.

Enter the actuarial value of the plan’s assets determined in accordance with ERISA section 302(c)(2) without a reduction for any credit balance in the funding standard account. Round an entry that includes cents up to the next higher whole dollar amount. You may not include on line 3(a) contributions for the premium payment year or later, whether or not made. Adjust all receipts and disbursements for interest.

Line 3(b) Contribution Receivables In Line 3(a)

Enter the sum of employer and employee contribution receivables that were included in the line 3(a) amount. Round an entry that includes cents down to the next lower whole dollar amount.

Line 3(c) Discounted Paid Contributions

For plans with fewer than 500 participants, this line is optional; you may go to line 3(d). If you do not complete this line, you may understate the

Part K LINE-BY-LINE INSTRUCTIONS FOR SCHEDULE A

adjusted value of assets you will report on line 3(d). If this would affect the amount of the variable rate premium that the plan owes, you may wish to complete line 3(c).

Enter on line 3(c) the discounted value, as of the determination date entered on line 3, of those employer and employee contributions for plan years prior to the premium payment year that were either reported on line 3(b) (because they were included as receivables in the line 3(a) amount) or that were not included (as receivables or otherwise) in the Line 3(a) amount. However, do not include in line 3(c) any contributions that are for the premium payment year or any contributions that have not been paid on or before the earlier of the premium due date or the date the premium is paid.

We remind filers that 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.)

Round an entry that includes cents up to the next higher whole dollar amount. The plan asset valuation rate must be used to discount contributions, on a simple or compound basis in accordance with the plan’s discounting rules.

Line 3(d) Adjusted Value Of Plan Assets

Enter the combined amount of line 3(a), minus line 3(b), plus line 3(c).

Line 4 Adjusted Unfunded Vested Benefits

The adjusted unfunded vested benefits is the excess, if any, of the Total Adjusted Vested Benefits entered on line 2(b)(3) over the Adjusted Value of Plan Assets entered on line 3(d).

If line 2(b)(3) is less than line 3(d), enter \$0; if not, subtract line 3(d) from line 2(b)(3), round up to the next \$1,000, and enter here.

An enrolled actuary must certify that the determination of unfunded vested benefits was made in a manner consistent with generally accepted actuarial principles and practices. The certification is made by signing and completing line 7.

Line 5 Variable Rate Premium

Enter on line 5 and on Form 1, line 15(b), the variable rate premium. You have two alternatives:

a. If your plan has NO Adjusted Unfunded Vested Benefits shown on line 4, enter \$0 on line 5.

b. Otherwise, multiply the adjusted unfunded vested benefit amount on line 4 by 0.009 and enter the result on line 5.

Line 6 Plan Administrator Certification

As plan administrator, you must sign and date the certification in the space provided. We may return any filing that does not have your original signature. See instructions in Part J.7.

Line 7 Enrolled Actuary Certification

An enrolled actuary must personally sign, date and enter his or her enrollment number and address in the space provided on the certification on line 7. If the Accrued Benefit Relief Rule for line 2 was used, the enrolled actuary must check box (a) on line 7. If the Interest Adjustment Relief Rule for line 2 was used, the enrolled actuary must check box (b) on line 7.

Subpart 2 ALTERNATIVE CALCULATION METHOD

Line 1 Filing Status

If you use the Alternative Calculation Method, you must check one of the boxes in item 1(b).

If your plan has fewer than 500 participants, check box 1(b)(1).

If your plan has 500 or more participants, check box 1(b)(2). Your enrolled actuary must sign the certification on line 7.

Line 2 Present Value Of Vested Benefits

Round entries that include cents down to the next lower whole dollar amount.

Determination Date

Enter the date as of which the vested benefits for the 2000 Form 5500, Schedule B, line 2b, were valued. That date must be the first day of the 2000 plan year. If it is not, you cannot use the Alternative Calculation Method.

Assumed Retirement Age

Enter the assumed retirement age used to determine the present value of vested benefits for participants and beneficiaries not receiving payments. The entry must be the same as the retirement age actuarial assumption reported on the 2000 Form 5500, Schedule B, line 6b.

Part K LINE-BY-LINE INSTRUCTIONS FOR SCHEDULE A

Required Interest Rate

Enter the Required Interest Rate (see Part J.6. of these instructions) that must be used to determine the adjusted present value of vested benefits.

Accrual Factor

The accrual factor refers to the benefit accrual adjustment factor of 1.07 that you use in the “Line 2(b) Procedure.”

Line 2(a)(1) Plan Value Of Vested Benefits — Those Receiving Payments

In the “Value” column, enter the present value of vested benefits for retirees and beneficiaries receiving payments, determined as of the first day of the 2000 plan year. The amount entered must be the same as the amount reported on the 2000 Form 5500, Schedule B, line 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.”

In the “Interest Rate” column, enter the plan 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 2000 Form 5500, Schedule B, line 6a(1).

Line 2(a)(2) Plan Value of Vested Benefits — Those Not Receiving Payments

In the “Value” column, enter the present value of vested benefits for participants not receiving payments, determined as of the first day of the 2000 plan year. 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 2000 Form 5500, Schedule B:

a. Line 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. Line 2b(3), in the Vested Benefits column, “Operational information as of beginning of this plan year—‘RPA ’94’ current liability for active participants.”

In the “Interest Rate” column, enter the plan 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 2000 Form 5500, Schedule B, line 6a(1).

Line 2(a)(3) Total Plan Value of Vested Benefits

Enter the total amount of the present value of vested benefits determined with the plan’s actuarial assumptions. This is the total of line 2(a)(1) plus line 2(a)(2). The amount entered must be the same as the amount on the 2000 Form 5500, Schedule B, line 2b(4) in the Vested Benefits column, “Operational information as of beginning of this plan year—‘RPA ’94’ current liability: Total.”

Line 2(b)(1) Adjusted Value of Vested Benefits — Those Receiving Payments

Enter the adjusted present value of vested benefits for retirees and beneficiaries receiving payments, determined by adjusting the amount on line 2(a)(1) of Schedule A to value the benefits using the Required Interest Rate. To adjust the value of the benefits, you must follow the instructions in the “Line 2(b) Procedure” below.

Line 2(b)(2) Adjusted Value of Vested Benefits — Those Not Receiving Payments

Enter the adjusted present value of vested benefits for participants not receiving payments, determined by adjusting the amount on line 2(a)(2) of Schedule A 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% of the amount on line 2(a)(2). To add the benefit accruals and to adjust the value of the benefits using the Required Interest Rate, you must follow the instructions in the “Line 2(b) Procedure” below.

Line 2(b)(3) Total Adjusted Vested Benefits

Enter the total adjusted vested benefits. This amount is the total of line 2(b)(1) plus line 2(b)(2).

Line 2(b) Procedure — How To Compute Adjusted Vested Benefits

Relief Rule If the Required Interest Rate for your plan entered on line 2 is equal to or greater than the plan interest rate entered on lines 2(a)(1) and 2(a)(2), you do not have to use the formula below to calculate the adjusted value of vested benefits. However, you must adjust the amount entered on line 2(a)(2) by multiplying it by 1.07, the benefit accrual adjustment factor. Enter on line 2(b)(1) the same amount you entered on line 2(a)(1), and enter on line 2(b)(2) the adjusted line 2(a)(2) amount.

Part K LINE-BY-LINE INSTRUCTIONS FOR SCHEDULE A

If you use this interest adjustment relief rule for line 2(b), by signing the certification in item 6 you are certifying that the plan interest rate used to value the vested benefits entered on lines 2(a)(1) and 2(a)(2) was equal to or less than the Required Interest Rate.

Procedure Use the formula below to compute the adjusted value of vested benefits that you must enter on line 2(b)(1), line 2(b)(2) and line 2(b)(3). Enter all interest rates in the formula as in the following example: Enter 6.75 percent as “6.75,” not as “.0675.”

The formula adjusts the values of vested benefits for retired participants and beneficiaries receiving benefit payments and for other participants not receiving benefits that you entered on line 2(a)(1) and line 2(a)(2) of PBGC Schedule A. This information comes from your 2000 Form 5500, Schedule B. The formula adjusts your plan values to reflect the Required Interest Rate. The formula also adjusts for benefit accruals during the plan year preceding the premium payment year. You may wish to use the spaces provided as a work sheet.

One part of the formula, 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 “Procedure — How To Use Substitution Factors for the term ‘.94^(RIR - BIR)’” below.

Formula for Total Adjusted Vested Benefits (line 2(b)(3)):

$$VB_{adj} = VB_{Pay} \times .94^{(RIR - BIR)} + [VB_{Nonpay} \times .94^{(RIR - BIR)} \times ((100 + BIR) / (100 + RIR))^{(ARA - 50)}]$$

Note: The VB_{Nonpay} amount is the amount entered on Schedule A line 2(a)(2) multiplied by 1.07 (the benefit accrual adjustment factor) to reflect accruals during the preceding plan year.

a. **Line 2(b)(1) amount** - Adjusted Vested Benefits for retirees and beneficiaries receiving payments.

$$\text{Line 2(b)(1)} = VB_{Pay} \times .94^{(RIR - BIR)}$$

b. **Line 2(b)(2) amount** - Adjusted Vested Benefits for participants *not* receiving payments.

$$\text{Line 2(b)(2)} = VB_{Nonpay} \times .94^{(RIR - BIR)} \times ((100 + BIR) / (100 + RIR))^{(ARA - 50)}$$

c. **Definitions.**

1. VB_{adj} is the adjusted vested benefits amount (as of the first day of the plan year preceding the premium payment year) under the Alternative Calculation Method.....\$ _____
2. VB_{Pay} is the amount entered on line 2(a)(1).....\$ _____
3. VB_{Nonpay} is the amount entered on line 2(a)(2) multiplied by 1.07.....\$ _____
4. RIR is the Required Interest Rate entered on line 2..... %
5. BIR is the current liability interest rate entered on lines 2(a)(1) and 2(a)(2) in the “Interest Rate” column..... %
6. ARA is the assumed retirement age entered on line 2..... years

Procedure How To Use Substitution Factors for the term “.94^(RIR - BIR)”

You may use “substitution factors” in the Alternative Calculation Method interest rate adjustment formula 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. The 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%.

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.

Line 3 Value of Plan Assets

Line 3(a) Value Of Plan Assets As Of Determination Date

Enter the first day of the 2000 plan year. This is the date as of which you must report the value of plan assets.

Enter the value of assets as reported on the 2000 Schedule B, line 1b(2), *if* the date reported on the 2000 Schedule B, line 1a, is the first day of the 2000 plan year. *But*, if that date is *not* the first day of the 2000 plan year, enter the value of assets as of the

Part K LINE-BY-LINE INSTRUCTIONS FOR SCHEDULE A

first day of the 2000 plan year, as reported on line 2a of the same Schedule B. Round an entry that includes cents up to the next higher whole dollar amount.

Line 3(b) Contribution Receivables In Line 3(a)

Enter the sum of employer and employee contribution receivables that were included in the line 3(a) amount. Round an entry that includes cents down to the next lower whole dollar amount. For plans that file Schedule H to Form 5500 for 2000, this amount is the sum of items 1b(1)(a) and 1b(2)(a) on Schedule H, current value of plan assets, receivables for employer and participant contributions as of the beginning of the plan year. For plans that do not file Schedule H for 2000, you must calculate the contribution receivables amount (keep a record of your calculations).

Line 3(c) Discounted Paid Contributions

For plans with fewer than 500 participants, this line is optional; you may go to line 3(d). If you do not complete this line, you may understate the adjusted value of assets you will report on line 3(d). If this would affect the amount of the variable rate premium that the plan owes, you may wish to complete line 3(c).

Enter on line 3(c) the discounted value of those employer and employee contributions paid for plan years before the premium payment year that were reported on line 3(b) (because they were included as receivables in the line 3(a) amount) or that were not included (as receivables or otherwise) in the line 3(a) amount. Do not include in line 3(c) 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. Round an entry that includes cents up to the next higher whole dollar amount.

We remind filers that 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 first day of the 2000 plan year, and the

discount rate you must use is the Required Interest Rate (RIR) entered on line 2. To discount your contributions, you must use the formula in the “Line 3 Procedure” below.

Procedure Line 3 Procedure - How To Discount Contributions

You must use the formula below to discount each contribution included in line 3(c) from the date paid back to the date entered on line 3(a). The sum of the discounted contributions is entered on line 3(c).

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 (RIR) entered on line 2. Thus, for example, if the RIR is 6.30%, 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 date entered on line 3(a). 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) =
Contribution / [(1 + (RIR / 100))^(DP / 365)]

where:

- 1. RIR is the Required Interest Rate entered on line 2 %
- 2. DP is the discount period expressed as the number of days from the date the contribution was paid back to the date entered on line 3(c); for example, one year and 183 days would be 548 days _____

Example A calendar year plan paying its premium for the 2001 premium payment year received a \$1,000 contribution on July 2 of the premium payment year for the prior plan year. The discount period is July 2 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%. When Contribution = \$1,000, RIR = 6.30%, and the Discount Period (DP) = 548 days, the amount of the Discounted Contribution (DC) is computed as follows:

Part K LINE-BY-LINE INSTRUCTIONS FOR SCHEDULE A

- DC = \$1,000 / [(1 + (6.30/100))^(548 / 365)]
- DC = \$1,000 / [(1 + 0.0630)^(1.50137)]
- DC = \$1,000 / [(1.0630)^(1.50137)]
- DC = \$1,000 / 1.096065
- 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.

Line 3(d) Adjusted Value Of Plan Assets

Enter the combined amount of line 3(a), minus line 3(b), plus line 3(c).

Line 4 Adjusted Unfunded Vested Benefits

The Adjusted Unfunded Vested Benefits is the excess, if any, of the Total Adjusted Vested Benefits entered on line 2(b)(3) over the Adjusted Plan Assets entered on line 3(d), further adjusted for the passage of time from the determination date entered on line 2 to the premium snapshot date. To determine Adjusted Unfunded Vested Benefits, use the "Line 4 Procedure" below. You may wish to use the space provided as a work sheet.

Plans with fewer than 500 participants compute the Adjusted Unfunded Vested Benefits by using Step 1 and Step 2 of the "Line 4 Procedure" below and entering the result (UVB_{adj}) on line 4.

Plans with 500 or more participants compute the Adjusted Unfunded Vested Benefits by using Step 1, Step 2 and Step 3 of the "Line 4 Procedure" below and entering the result (UVB_{adj}) on line 4.

Procedure Line 4 Procedure - How To Compute Adjusted Unfunded Vested Benefits

Step 1. Unfunded Vested Benefits.

A. If line 3(d), Adjusted Value of Plan Assets, is equal to or greater than line 2(b)(3), Total Adjusted Vested Benefits, you have *no* Adjusted Unfunded Vested Benefits; enter \$0 on line 4 and go to line 5.

B. If line 3(d), Adjusted Value of Plan Assets, is less than line 2(b)(3), Total Adjusted Vested Benefits, you do have Adjusted Unfunded Vested Benefits. Compute the amount of Unfunded Vested Benefits as of the determination date entered on line 2 as follows:

1. Total Adjusted Vested Benefits from line 2(b)(3).....\$ _____
2. *Minus:* Adjusted Value of Plan Assets from line 3(d).....\$ _____
3. Unfunded Vested Benefits (1 minus 2).....\$ _____

4. Go to Step 2

Step 2. Passage Of Time.

Adjust the Unfunded Vested Benefits entered above to reflect the passage of time from the determination date entered on line 2 using the following formula:

$$UVB_{adj} = (VB_{adj} - A_{adj}) \times (1 + RIR / 100)^Y;$$

where —

1. UVB_{adj} is the amount of the plan's Adjusted Unfunded Vested Benefits on which the variable rate portion of the premium will be assessed. NOTE: Round up to the next \$1,000 and enter on line 4.....\$ _____
2. VB_{adj} is the value of the Total Adjusted Vested Benefits entered on line 2(b)(3).....\$ _____
3. A_{adj} is the Adjusted Value Of Plan Assets entered on line 3(d).....\$ _____
4. RIR is the Required Interest Rate entered on line 2.....% _____
5. 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)..... _____

If you have a plan with fewer than 500 participants, skip Step 3 below and go to line 5; otherwise, you must proceed to Step 3.

Step 3. Significant Event Adjustment.

If you have a plan with 500 or more participants, an enrolled actuary must certify to either A or B below by completing the certification on line 7 (including, in particular, box (c) of Line 7) of the Schedule A.

A. No significant event, as described in Part J.5. of these instructions, occurred during the plan year preceding the premium payment year. If this is the case, enter UVB_{adj} from Step 2 above on line 4 of Schedule A.

Part K LINE-BY-LINE INSTRUCTIONS FOR SCHEDULE A

B. One or more significant events have occurred during the plan year preceding the premium payment year, and the enrolled actuary has made appropriate adjustments to UVB_{adj} from Step 2 above to reflect the occurrence of the significant event(s) in accordance with generally accepted actuarial principles and practices. If this is the case, you may use the following worksheet:

1. Enter UVB_{adj} from Step 2 above\$ _____
2. Enter the adjustment to UVB_{adj} to reflect significant events (if negative, place in parentheses).....\$ _____
3. Add 1 and 2, round up to the next \$1,000, and enter here and on line 4 of Schedule A.....\$ _____

Line 5 Variable Rate Premium

Enter on line 5 and on Form 1, line 15(b), the variable rate premium. You have two alternatives:

- a. If your plan has NO Adjusted Unfunded Vested Benefits shown on line 4, enter \$0 on line 5.
- b. Otherwise, multiply the adjusted unfunded vested benefit amount on line 4 by 0.009 and enter the result on line 5.

Line 6 Plan Administrator Certification

As plan administrator, you must sign and date the certification in the space provided. We may return any filing that does not have your original signature. See instructions in Part J.7.

Line 7 Enrolled Actuary Certification

If the plan has 500 or more participants, an enrolled actuary must sign, date and enter his or her enrollment number and address in the space provided on the certification, and must check box (c) on line 7.

Subpart 3 MODIFIED ALTERNATIVE CALCULATION METHOD FOR PLANS TERMINATING IN DISTRESS OR INVOLUNTARY TERMINATIONS

Line 1 Filing Status

If you use the modified Alternative Calculation Method for plans terminating in a distress or involuntary termination, check the box in item 1(c) and enter the proposed date of plan termination (in a distress termination) or the date of plan termination sought by the PBGC (in an involuntary termination). (These dates are both referred to below as the "DOPT.")

(NOTE: See Part B.1 for rules on when your premium obligation ends.)

Lines 2 Through 7

The line-by-line instructions for lines 2 through 7 of the Schedule A are the same as under the Alternative Calculation Method (See Part K, Subpart 2, of these instructions) subject to the modifications described below. However, under this Distress/Involuntary Termination 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 for 1994 and earlier years are different from those on the 1995 through 2000 Schedule B, as indicated in the box below.

<u>Corresponding Schedule B Line Numbers</u>	
<u>1995 - 2000 Schedule B</u>	<u>1989-1994 Schedule B</u>
1a	8b (date)
1b(2)	8b (value)
2a	6c
2b	6d
2b(1)	6d(i)
2b(2) + 2b(3)	6d(ii) + 6d(iii)
2b(4)	6d(iv)
6a(1)*	12c(i)
6b**	12d

* Line 6c(1) on 1995 Schedule B's.

** Line 6e on 1995 Schedule B's.

If you are able to use the same Schedule B as under the Alternative Calculation Method, which is the 2000 Schedule B for the 2001 premium payment year, the Distress/Involuntary Termination Method and the Alternative Calculation Method are almost identical; the only difference is that the Distress/Involuntary Termination Method 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 Distress/Involuntary Termination Method 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:

Part K LINE-BY-LINE INSTRUCTIONS FOR SCHEDULE A

Modification 1.

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.

Example A calendar year plan is paying its 2001 premium. The plan has a DOPT of September 1, 2000, and a premium snapshot date of December 31, 2000, and is using data from its 1999 Schedule B to calculate the variable rate portion of its premium. For this plan —

- a. the determination date to be entered on line 2 must be January 1, 1999;
- b. the Plan Value of Vested Benefits to be entered in the “Value” column of line 2(a), as well as the Adjusted Value of Vested Benefits to be entered on line 2(b), must be determined as of January 1, 1999;
- c. the determination date to be entered on line 3 must be January 1, 1999;
- d. the Value of Plan Assets to be entered on line 3(a) must be determined as of January 1, 1999;
- e. the Contribution Receivables to be entered on line 3(b) are those that were included as receivables in the line 3(a) entry as of January 1, 1999;
- f. the Discounted Paid Contributions to be entered on line 3(c) are those contributions for plan years prior to the premium payment year that were either included as receivables, or not included (as receivables or otherwise), in the line 3(a) entry as of January 1, 1999 (provided they were paid on or before the earlier of the date the 2001 premium is due or paid);
- g. the Discounted Paid Contributions to be entered on line 3(c) must be discounted from the date paid back to January 1, 1999;
- h. the Adjusted Value of Plan Assets to be entered on line 3(d) must be determined as of January 1, 1999;
- i. the Adjusted Unfunded Vested Benefits to be entered on line 4 is determined as of December 31, 2000; and
- j. if the plan has 500 or more participants, the Adjusted Unfunded Vested Benefits to be entered on line 4 must reflect any significant events occurring between January 1, 1999, and December 31, 2000.

Modification 2.

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 benefit accrual adjustment factor) in the Line 2(b) interest adjustment “Relief Rule” and the interest rate adjustment formula under the “Line 2(b) Procedure.”

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 benefit accrual adjustment factor of 1.07 referred to under the “Line 2(b) Procedure” 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 2001 premium, accruals from January 1, 2000, through December 31, 2000). Under the Distress/Involuntary Termination Method, 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—

a. Determine VB_{Nonpay} in the “Line 2(b) Procedure” interest rate adjustment formula by multiplying the total of the amounts entered in the Vested Benefits column on lines 2b(2) and 2b(3) of the 1999 Schedule B by the following benefit accrual adjustment factor (AC) instead of 1.07 —

$$AC = 1 + (.07 \times (\text{the number of days from January 1, 1999 to September 1, 2000}) / 365)$$
$$AC = 1 + (.07 \times 1.67)$$
$$AC = 1 + .12$$
$$AC = 1.12$$

b. If the plan is using the line 2(b) interest adjustment “Relief Rule,” the Schedule A line 2(b)(2) amount is determined by multiplying the Schedule A line 2(a)(2) amount by 1.12. If the plan cannot use the Relief Rule, the VB_{Nonpay} amount (c.3. under the “Line 2(b) Procedure”) is the amount entered on line 2(a)(2) of Schedule A multiplied by 1.12.

c. Enter the benefit accrual adjustment factor of 1.12 as the accrual factor on Schedule A, line 2.

Modification 3.

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 “Line 4 Procedure” rather than the value described in the “Line 4 Procedure.”

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 in Step 2 of the “Line 4 Procedure.”

Under the Alternative Calculation Method, the exponent, “Y,” in the time adjustment formula in Step 2 of the “Line 4 Procedure” 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 Distress/Involuntary Termination Method 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, 1999, and December 31, 2000).

APPENDIX A

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 K, Subpart 2, Line 2.

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.

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:
<u>At Least</u>	<u>But less than</u>		<u>At Least</u>	<u>But less than</u>	
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:
<u>At Least</u>	<u>But less than</u>		<u>At Least</u>	<u>But less than</u>	
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

APPENDIX B Codes for Principal Business Activity.

These industry 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	Special Trade Contractors	325100	Basic Chemical Mfg
Crop Production	235110 Plumbing, Heating, & Air Conditioning Contractors	325200	Resin, Synthetic Rubber, & Artificial & Synthetic Fibers & Filaments Mfg
111100 Oilseed & Grain Farming	235210 Painting & Wall Covering Contractors	325300	Pesticide, Fertilizer, & Other Agricultural Chemical Mfg
111210 Vegetable & Melon Farming (including potatoes & yams)	235310 Electrical Contractors	325410	Pharmaceutical & Medicine Mfg
111300 Fruit & Tree Nut Farming	235400 Masonry, Drywall, Insulation, & Tile Contractors	325500	Paint, Coating, & Adhesive Mfg
111400 Greenhouse, Nursery, & Floriculture Production	235500 Carpentry & Floor Contractors	325600	Soap, Cleaning Compound, & Toilet Preparation Mfg
111900 Other Crop Farming (including tobacco, cotton, sugarcane, hay, peanut, sugar beet & all other crop farming)	235610 Roofing, Siding, & Sheet Metal Contractors	325900	Other Chemical Product & Preparation Mfg
Animal Production	235710 Concrete Contractors		Plastics and Rubber Products Manufacturing
112111 Beef Cattle Ranching & Farming	235810 Water Well Drilling Contractors	326100	Plastics Product Mfg
112112 Cattle Feedlots	235900 Other Special Trade Contractors	326200	Rubber Product Mfg
112120 Dairy Cattle & Milk Production	Manufacturing		Nonmetallic Mineral Product Manufacturing
112210 Hog & Pig Farming	Food Manufacturing	327100	Clay Product & Refractory Mfg
112300 Poultry & Egg Production	311110 Animal Food Mfg	327210	Glass & Glass Product Mfg
112400 Sheep & Goat Farming	311200 Grain & Oilseed Milling	327300	Cement & Concrete Product Mfg
112510 Animal Aquaculture (including shellfish & finfish farms & hatcheries)	311300 Sugar & Confectionery Product Mfg	327400	Lime & Gypsum Product Mfg
112900 Other Animal Production	311400 Fruit & Vegetable Preserving & Specialty Food Mfg	327900	Other Nonmetallic Mineral Product Mfg
Forestry and Logging	311500 Dairy Product Mfg		Primary Metal Manufacturing
113110 Timber Tract Operations	311610 Animal Slaughtering and Processing	331110	Iron & Steel Mills & Ferroalloy Mfg
113210 Forest Nurseries & Gathering of Forest Products	311710 Seafood Product Preparation & Packaging	331200	Steel Product Mfg from Purchased Steel
113310 Logging	311800 Bakeries & Tortilla Mfg	331310	Alumina & Aluminum Production & Processing
Fishing, Hunting and Trapping	311900 Other Food Mfg (including coffee, tea, flavorings & seasonings)	331400	Nonferrous Metal (except Aluminum) Production & Processing
114110 Fishing	Beverage and Tobacco Product Manufacturing	331500	Foundries
114210 Hunting & Trapping	312110 Soft Drink & Ice Mfg		Fabricated Metal Product Manufacturing
Support Activities for Agriculture and Forestry	312120 Breweries	332110	Forging & Stamping
115110 Support Activities for Crop Production (including cotton ginning, soil preparation, planting, & cultivating)	312130 Wineries	332210	Cutlery & Handtool Mfg
115210 Support Activities for Animal Production	312140 Distilleries	332300	Architectural & Structural Metals Mfg
115310 Support Activities For Forestry	312200 Tobacco Manufacturing	332400	Boiler, Tank, & Shipping Container Mfg
Mining	Textile Mills and Textile Product Mills	332510	Hardware Mfg
211110 Oil & Gas Extraction	313000 Textile Mills	332610	Spring & Wire Product Mfg
212110 Coal Mining	314000 Textile Product Mills	332700	Machine Shops; Turned Product; & Screw, Nut, & Bolt Mfg
212200 Metal Ore Mining	Apparel Manufacturing	332810	Coating, Engraving, Heat Treating, & Allied Activities
212310 Stone Mining & Quarrying	315100 Apparel Knitting Mills	332900	Other Fabricated Metal Product Mfg
212320 Sand, Gravel, Clay, & Ceramic & Refractory Minerals Mining & Quarrying	315210 Cut & Sew Apparel Contractors		Machinery Manufacturing
212390 Other Nonmetallic Mineral Mining & Quarrying	315220 Men's & Boys' Cut & Sew Apparel Mfg	333100	Agriculture, Construction, & Mining Machinery Mfg
213110 Support Activities for Mining	315230 Women's & Girls' Cut & Sew Apparel Mfg	333200	Industrial Machinery Mfg
Utilities	315290 Other Cut & Sew Apparel Mfg	333310	Commercial & Service Industry Machinery Mfg
221100 Electric Power Generation, Transmission & Distribution	315990 Apparel Accessories & Other Apparel Mfg	333410	Ventilation, Heating, Air Conditioning, & Commercial Refrigeration Equipment Mfg
221210 Natural Gas Distribution	Leather and Allied Product Manufacturing	333510	Metalworking Machinery Mfg
221300 Water, Sewage & Other Systems	316110 Leather & Hide Tanning & Finishing	333610	Engine, Turbine & Power Transmission Equipment Mfg
Construction	316210 Footwear Mfg (including rubber & plastics)	333900	Other General Purpose Machinery Mfg
Building, Developing, and General Contracting	316990 Other Leather & Allied Product Mfg		Computer and Electronic Product Manufacturing
233110 Land Subdivision & Land Development	Wood Product Manufacturing	334110	Computer & Peripheral Equipment Mfg
233200 Residential Building Construction	321110 Sawmills & Wood Preservation	334200	Communications Equipment Mfg
233300 Nonresidential Building Construction	321210 Veneer, Plywood, & Engineered Wood Product Mfg	334310	Audio & Video Equipment Mfg
Heavy Construction	321900 Other Wood Product Mfg	334410	Semiconductor & Other Electronic Component Mfg
234100 Highway, Street, Bridge, & Tunnel Construction	Paper Manufacturing	334500	Navigational, Measuring,
234900 Other Heavy Construction	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		

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

Wholesale Trade, Durable Goods
 421100 Motor Vehicle & Motor Vehicle Parts & Supplies Wholesalers
 421200 Furniture & Home Furnishing Wholesalers
 421300 Lumber & Other Construction Materials Wholesalers
 421400 Professional & Commercial Equipment & Supplies Wholesalers
 421500 Metal & Mineral (except Petroleum) Wholesalers
 421600 Electrical Goods Wholesalers
 421700 Hardware, & Plumbing & Heating Equipment & Supplies Wholesalers
 421800 Machinery, Equipment, & Supplies Wholesalers
 421910 Sporting & Recreational Goods & Supplies Wholesalers
 421920 Toy & Hobby Goods & Supplies Wholesalers
 421930 Recyclable Material Wholesalers
 421940 Jewelry, Watch, Precious Stone, & Precious Metal Wholesalers
 421990 Other Miscellaneous Durable Goods Wholesalers
Wholesale Trade, Nondurable Goods
 422100 Paper & Paper Product Wholesalers
 422210 Drugs & Druggists' Sundries Wholesalers
 422300 Apparel, Piece Goods, & Notions Wholesalers
 422400 Grocery & Related Product Wholesalers
 422500 Farm Product Raw Material Wholesalers
 422600 Chemical & Allied Products Wholesalers
 422700 Petroleum & Petroleum Products Wholesalers
 422800 Beer, Wine, & Distilled Alcoholic Beverage Wholesalers
 422910 Farm Supplies Wholesalers
 422920 Book, Periodical, & Newspaper Wholesalers
 422930 Flower, Nursery Stock, & Florists' Supplies Wholesalers
 422940 Tobacco & Tobacco Product Wholesalers

422950 Paint, Varnish, & Supplies Wholesalers
 422990 Other Miscellaneous Nondurable Goods Wholesalers

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)

APPENDIX B

Information

Publishing Industries	
511110	Newspaper Publishers
511120	Periodical Publishers
511130	Book Publishers
511140	Database & Directory 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 and Telecommunications	
513100	Radio & Television Broadcasting
513200	Cable Networks & Program Distribution
513300	Telecommunications (including paging, cellular, satellite, & other telecommunications)
Information Services and Data Processing Services	
514100	Information Services (including news syndicates, libraries, & on line information services)
514210	Data Processing Services

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

Real Estate and Rental and Leasing

Real Estate	
531110	Lessors of Residential Buildings & Dwellings
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	722410	Drinking Places (Alcoholic Beverages)
Outpatient Care Centers		
621410 Family Planning Centers		Other Services
621420 Outpatient Mental Health & Substance Abuse Centers		Repair and Maintenance
621491 HMO Medical Centers	811110	Automotive Mechanical & Electrical Repair & Maintenance
621492 Kidney Dialysis Centers	811120	Automotive Body, Paint, Interior, & Glass Repair
621493 Freestanding Ambulatory Surgical & Emergency Centers	811190	Other Automotive Repair & Maintenance (including oil change & lubrication shops & car washes)
621498 All Other Outpatient Care Centers	811210	Electronic & Precision Equipment Repair & Maintenance
Medical and Diagnostic Laboratories	811310	Commercial & Industrial Machinery & Equipment (except Automotive & Electronic) Repair & Maintenance
621510 Medical & Diagnostic Laboratories	811410	Home & Garden Equipment & Appliance Repair & Maintenance
Home Health Care Services	811420	Reupholstery & Furniture Repair
621610 Home Health Care Services	811430	Footwear & Leather Goods Repair
Other Ambulatory Health Care Services	811490	Other Personal & Household Goods Repair & Maintenance
621900 Other Ambulatory Health Care Services (including ambulance services & blood & organ banks)		Personal and Laundry Services
Hospitals	812111	Barber Shops
622000 Hospitals	812112	Beauty Salons
Nursing and Residential Care Facilities	812113	Nail Salons
623000 Nursing & Residential Care Facilities	812190	Other Personal Care Services (including diet & weight reducing centers)
Social Assistance	812210	Funeral Homes & Funeral Services
624100 Individual & Family Services	812220	Cemeteries & Crematories
624200 Community Food & Housing, & Emergency & Other Relief Services	812310	Coin-Operated Laundries & Drycleaners
624310 Vocational Rehabilitation Services	812320	Drycleaning & Laundry Services (except Coin-Operated)
624410 Child Day Care Services	812330	Linen & Uniform Supply
	812910	Pet Care (except Veterinary) Services
Arts, Entertainment, and Recreation	812920	Photofinishing
Performing Arts, Spectator Sports, and Related Industries	812930	Parking Lots & Garages
711100 Performing Arts Companies	812990	All Other Personal Services
711210 Spectator Sports (including sports clubs & racetracks)		Religious, Grantmaking, Civic, Professional, and Similar Organizations
711300 Promoters of Performing Arts, Sports, & Similar Events	813000	Religious, Grantmaking, Civic, Professional, & Similar Organizations
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)		

DEFINED BENEFIT PENSION PUBLICATION AVAILABLE

PBGC has a publication, A Predictable, Secure Pension for Life, that provides easy-to-understand information about defined benefit pension plans and the federal insurance guarantee. The free booklet is available electronically on PBGC's Web site, www.pbgc.gov, or write to: Predictable Secure Pension, Federal Consumer Information Center, Pueblo, CO 81009.

PBGC also can provide a compact disc (CD) for companies or benefit advisors interested in printing bulk copies of the booklet through commercial sources. The CD contains all the files needed to reproduce the publication through a commercial printer. The CD is available only in Macintosh format, as that is the system used by most commercial printers. The CD is not intended for, nor compatible with, IBM-type personal computers. The free CD is available from PBGC's Communications and Public Affairs Department, 1200 K Street NW, Washington, DC 20005-4026.

PENSION AND WELFARE BENEFITS ADMINISTRATION OFFICES

In addition to being able to obtain PBGC premium forms and instructions from the PBGC (see item 3 on page viii), you may obtain our forms and instructions through the following offices of the Pension and Welfare Benefits Administration (PWBA) of the U.S. Department of Labor:

CALIFORNIA

San Francisco 94119-0250
P. O. Box 190250
(415) 975-4600

Pasadena 91101
790 E. Colorado Boulevard
Suite 514
(626) 583-7862

DISTRICT OF COLUMBIA

Washington 20006
1730 K Street, NW
Suite 556
(202) 254-7013

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
Suite 1600
(312) 353-0900

KENTUCKY

Fort Wright 41011
1885 Dixie Highway
Suite 210
(606) 578-4680

MASSACHUSETTS

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

MICHIGAN

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

MISSOURI

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

St. Louis 63101
1815 Olive Street
Room. 338
(314) 539-2691

NEW YORK

New York City 10048
U.S. Customhouse
6 World Trade Center
Room 625
(212) 637-0600

PENNSYLVANIA

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

TEXAS

Dallas 75202
Federal Building
525 Griffin Street
Room 707
(214) 767-6831

WASHINGTON

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

PBGC PREMIUM PACKAGES - BULK MAILING ORDER FORM

We will mail a bulk order of forms to those pension practitioners who need many copies. We will also provide forms for filing for previous plan years. Please check one or more of the following and record your name and address:

- Send 2001 Estimated Premium Payment Package (25 copies of the form and 1 set of instructions).
- Send 2001 Premium Payment Package (50 copies of the forms and 1 set of instructions).
- Send Estimated Premium Payment Package for filing year _____. Number of packages needed _____.
- Send Premium Payment Package for filing year _____. Number of packages needed _____.
- STOP SENDING BULK PACKAGES. THEY ARE NO LONGER NEEDED.

Name: _____

Address: _____

Fax this form to: (202) 326-4250

Or mail it to:

Pension Benefit Guaranty Corporation
P.O. Box 64916
Baltimore, MD 21264-4916

Pension Benefit Guaranty Corporation
P.O. Box 64880
Baltimore, MD 21264-4880
Address Correction Requested

OFFICIAL BUSINESS

Penalty for private use \$300

BULK RATE
POSTAGE & FEES
PAID PBGC
Permit No.
G-92