

## SECTION D – Plan Statements - Amendment

The following amends and replaces the last item of **(6) Assumption Changes** from **SECTION D – Plan Statements** from the original SFA application on September 23, 2021.

### Participant Exclusion

*Prior Assumption:* Terminated vested participants age 70 and older were excluded from the valuation.

*Revised Assumption:* Include all terminated vested participants in the valuation data supplied by the Fund Administrator, unless confirmed to be deceased or older than age 85 as of the SFA measurement date. Participants are assumed to receive all missed payments from the Required Beginning Date to the SFA measurement date with 7% annual interest payable as of the day following the SFA measurement date.

*Rationale:* In the zone certification solvency projection, we were primarily concerned with matching short-term cash flow. For the SFA application, we are concerned with cash flow over the next thirty years. The Fund Administrator has done death searches for these terminated vested participants and sent letters to those not confirmed to be deceased. We fully expect that those not confirmed to be deceased who are age 85 and under will eventually be paid the retirement benefits that are due to them. Therefore, we believe it is inappropriate and unreasonable to exclude these terminated vested participants for the SFA application. The revised assumption is reasonable because it reflects the efforts to locate these participants and the death searches.



Brian Lehman  
Senior Actuary  
Enrolled Actuary No. 20-08555

January 13, 2022

## Certification of Special Financial Assistance Amount

This is to certify that the requested amount of Special Financial Assistance (“SFA”) of \$58,572,767 is the amount to which Management-Labor Pension Fund Local 1730 I.L.A. (“Plan”) is entitled under §4262(j)(1) of ERISA (29 U.S.C. §1432(j)(1)) and §4262.4 of PBGC’s SFA regulation (29 C.F.R. §4262.4). The amount of SFA for the Plan was calculated as of the SFA measurement date of June 30, 2021 in accordance with generally accepted actuarial principles and practices and the provisions under §4262.4(e).

Segal has determined the amount of SFA at the request of the Board of Trustees as part of the Plan’s application for SFA. The calculation of the amount of SFA shown in the Plan’s application for SFA is not applicable for other purposes.

The calculation of the amount of SFA is based on the assumptions and methods used in the 2020 certification of actuarial plan status, dated March 30, 2020, modified as described in Section D, Item 6b of the *“Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance.”* In addition, it is based on the participant data used for the 2020 actuarial valuation of the Plan, dated, October 9, 2020 and the fair market value of assets as of the SFA measurement date certified by the plan sponsor and other relevant information provided by the Plan Administrator. Segal does not audit the data provided. The accuracy and comprehensiveness of the data is the responsibility of those supplying the data. To the extent we can, however, Segal does review the data for reasonableness and consistency. Based on our limited-scope review of the data, we have no reason to doubt the substantial accuracy of the information on which we have based the calculation of the SFA amount and we have no reason to believe there are facts or circumstances that would affect the validity of these results.

Segal does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which these calculations are based reflects Segal’s understanding as an actuarial firm.

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied herein is complete and accurate. Each prescribed assumption for the determination of the amount of SFA was applied in accordance with applicable law and regulations. In my opinion, all other assumptions are reasonable taking into account the experience of the plan and reasonable expectations.



---

Brian Lehman, ASA, MAAA  
Senior Actuary  
Enrolled Actuary No. 20-08555

# Application Checklist


v20210708p

## Instructions for Section E, Item 1 of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance (SFA):

The Application for Approval of Special Financial Assistance Checklist ("Application Checklist" or "Checklist") identifies all information required to be filed with the application.

The information in this Application Checklist, and the Application Checklist itself, are uploaded in PBGC's e-Filing Portal by logging into the e-Filing Portal, going to the Multiemployer Events section and clicking on "Create New ME Filing," and then under "Select a Filing Type," selecting "Application for Financial Assistance – Special.” Note, if you go to the e-Filing Portal and do not see the option "Application for Financial Assistance – Special," this means that the portal is currently closed and PBGC is not accepting applications at this time, unless the plan is eligible to make an emergency filing under § 4262.10(f). PBGC’s website at [www.pbgc.gov](http://www.pbgc.gov) will be updated when the e-Filing Portal reopens for applications. PBGC maintains information on its website at [www.pbgc.gov](http://www.pbgc.gov) to inform prospective applicants about the current status of the e-Filing portal, as well as to provide advance notice of when PBGC expects to open or temporarily close the e-Filing Portal.

General instructions for completing the Application Checklist:

Complete all items that are shaded: 

If required information was already filed: (1) through PBGC's e-Filing Portal; or (2) through any means for an insolvent plan, a plan that has received a partition, or a plan that submitted an emergency filing, the filer may either upload the information with the application or include a statement in the Plan Comments section of the Application Checklist indicating the date on which and the submission with which the information was previously filed. For any such items previously provided, enter N/A as the **Plan Response**.

If a revised application is filed after a denial was received but the application was not withdrawn, the revised application must differ from the denied application only to the extent necessary to address the reasons provided by PBGC for the denial. For the revised application, the filer may, but is not required to, submit an entire application. A revised application for SFA must use the same SFA measurement date, participant census data, and interest rate assumption as were used in the plan's initial application. For all Application Checklist Items that were previously filed that are not being changed, the filer may include a statement in the Plan Comments section of the Application Checklist to indicate that the other information was previously provided as part of the initial application. For each, enter N/A as the **Plan Response**.

If a revised application is filed after an application was withdrawn, the revised application must use the same SFA measurement date, participant census data, and interest rate assumption from the initial application. Upload only the information that changed from the initial application. For all Application Checklist Items that were previously filed that are not being changed, include a statement in the Plan Comments section of the Application Checklist to indicate that the information was previously provided as part of the initial application. For each, enter N/A as the **Plan Response**.

Instructions for specific columns:

**Plan Response:** Provide a response to each item on the Application Checklist, using only the **Response Options** shown for each Checklist Item.

## Application Checklist

v20210708p

### Instructions for Section E, Item 1 of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance (SFA):

**Name(s) of Files Uploaded:** Identify the full name of the file or files uploaded that are responsive to the Checklist Item. The column **Upload as Document Type** provides guidance on the "document type" to select when submitting documents on PBGC's e-Filing Portal.

**Page Number Reference(s):** For any Checklist Item where only a portion of the submitted document is responsive, identify the page numbers in the identified document that are responsive.

**Plan Comments:** Use this column to provide explanations for any **Plan Response** that is N/A, to respond as may be specifically identified for Checklist Items, and to provide any optional explanatory comments.

Supplemental guidance is provided in the following columns:

**Upload as Document Type:** When uploading documents in PBGC's e-Filing Portal, select the appropriate Document Type for each document that is uploaded. This column provides guidance on the Document Type to select for each Checklist Item. You may upload more than one document using the same Document Type, and there may be Document Types on the e-Filing Portal for which you have no documents to upload.

**Requested File Naming (if applicable):** For certain Checklist Items, a specified format for naming the file is requested.

**SFA Regulation Reference:** Identifies the applicable section of PBGC's regulation.

**SFA Instructions Reference:** Identifies the applicable section and item number in PBGC's Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance.

You must select N/A if a Checklist Item # is not applicable to your application. **Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47 on the Application Checklist.** If there has been a plan merger as described in § 4262.4(f)(1)(ii), you also must provide responses for Checklist Items #48 through #60 on the Application Checklist. If you are required to provide responses for Checklist Items #48 through #60, your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #48 through #60 on the Application Checklist. All other plans should not provide responses for Items #48 through #60 of the Application Checklist.

If a Checklist Item # asks multiple questions or requests multiple items, the Plan Response should only be Yes if the plan is providing all information requested for that Checklist Item.

Note, a Yes or No response is required for the three initial questions concerning whether or not this application is a submission of a revised application, or whether the plan has been terminated.

## **Application Checklist**

v20210708p

### **Instructions for Section E, Item 1 of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance (SFA):**

Note, in the case of a plan applying for priority consideration, the plan's application must also be submitted to the Treasury Department. If that requirement applies to an application, PBGC will transmit the application to the Treasury Department on behalf of the plan. See IRS Notice [NOTICE] for further information.

**All information and documentation, unless covered by the Privacy Act, that is included in an SFA application may be posted on PBGC's website at [www.pbgc.gov](http://www.pbgc.gov) or otherwise publicly disclosed, without additional notification. Except to the extent required by the Privacy Act, PBGC provides no assurance of confidentiality in any information included in an SFA application.**

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Management-Labor Pension Fund Local 1730 I.L.A.
EIN:	13-6086163
PN:	1
SFA Amount Requested:	\$58,572,767.00
<b>Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.</b>	

-----Filers provide responses here for each Checklist Item:-----  
 Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
<b>Plan Information, Checklist, and Certifications</b>									
	Is this application a revised application submitted after the denial of a previously filed application for SFA?	Yes No	No						
	Is this application a revised application submitted after a plan has withdrawn its application for SFA?	Yes No	Yes						
	Has this plan been terminated?	Yes No	No		If terminated, provide date of plan termination.				
1.	Does the application include a fully completed Application Checklist, including the required information at the top of the Application Checklist (plan name, employer identification number (EIN), 3-digit plan number (PN), and SFA amount requested)?	Yes No	Yes	Checklist Local 1730 Pension Fund (revised).xlsx			Special Financial Assistance Checklist	Checklist Pension Plan Name, where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.6(a) Section E, Item 1
2.	Does the application include an SFA request cover letter (optional)? Enter N/A if no letter is provided.	Yes N/A	NA				Financial Assistance Request Letter		Section D, Item 1
3.	Was the application signed and dated by an authorized trustee who is a current member of the board of trustees or another authorized representative of the plan sponsor?	Yes No	Yes	Previously submitted Section D Local 1730 Pension Fund.pdf	1		Financial Assistance Application	§ 4262.6(b)(1)	Section D
4.	Does the application include the required penalties of perjury statement signed by an authorized trustee who is a current member of the board of trustees?	Yes No	Yes	Previously submitted Section E Item 07 Local 1730 Pension Fund.pdf			Financial Assistance Application	§ 4262.6(b)(2)	Section E, Item 6
5.	Does the application include the name, address, email, and telephone number of the plan sponsor? Does it also include the same contact information for the plan sponsor's duly authorized representatives, including legal counsel and enrolled actuary?	Yes No	Yes	Previously submitted Section D Local 1730 Pension Fund.pdf	2		Financial Assistance Application	§ 4262.7(a)	Section D, Item 2
6.	Does the application identify the eligibility criteria in § 4262.3 that qualifies the plan as eligible to receive SFA, and include the requested information for each item that is applicable, as described in Section D, Item 3 of the instructions?	Yes No	Yes	Previously submitted Section D Local 1730 Pension Fund.pdf	3	The Plan became insolvent after 12/16/14 and has remained insolvent and has not terminated	Financial Assistance Application	§ 4262.3 § 4262.7(b)	Section D, Item 3
7a.	If the plan claims SFA eligibility under section 4262(b)(1)(C) of ERISA, does the application include a certification from the plan's enrolled actuary that the plan is eligible for SFA which specifically notes the specified year for each component of eligibility (certification of plan status, modified funding percentage, and participant ratio), the detailed derivation of the modified funding percentage, and the derivation of the participant ratio?	Yes No N/A	NA				Financial Assistance Application	§ 4262.6(c) § 4262.7(b)	Section E, Item 2
7b.	Does the certification in Checklist Item #7a also identify all assumptions and methods (including supporting rationale and, where applicable, reliance on the plan sponsor) used to develop the current value of withdrawal liability that is utilized in the calculation of the modified funded percentage?	Yes No N/A	NA				Financial Assistance Application	§ 4262.6(c) § 4262.7(b)	Section E, Item 2
8a.	If the plan's application is submitted on or before March 11, 2023, does the application identify the plan's priority group (see § 4262.10(d)(2))?	Yes No N/A	Yes	Previously submitted Section D Local 1730 Pension Fund.pdf	3	Priority Group 1 - Section 4262.10(d)(2)	Financial Assistance Application	§ 4262.7(c) § 4262.10(d)(2)	Section D, Item 4

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Management-Labor Pension Fund Local 1730 I.L.A.
EIN:	13-6086163
PN:	1
SFA Amount Requested:	\$58,572,767.00
<b>Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.</b>	

-----Filers provide responses here for each Checklist Item:-----  
 Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
8b.	If the plan is submitting an emergency application under § 4262.10(f), is the application identified as an emergency application with the applicable emergency criteria identified?	Yes No N/A	NA			Briefly identify the emergency criteria.	Financial Assistance Application		§ 4262.10(f)	Section D, Item 4
9.	If the plan's application is submitted on or prior to March 11, 2023, does the application include a certification from the plan's enrolled actuary that the plan is eligible for priority status, with specific identification of the applicable priority group? This item is not required if the plan is insolvent, has implemented a MPRA suspension as of 3/11/2021, is in critical and declining status and had 350,000+ participants, or is listed on PBGC's website at <a href="http://www.pbgc.gov">www.pbgc.gov</a> as being in priority group 6. See § 4262.10(d).	Yes No N/A	NA				Financial Assistance Application		§ 4262.6(c) § 4262.7(c) § 4262.10(d)(2)	Section E, Item 3
10.	Does the application include the information used to determine the amount of requested SFA for the plan based on a deterministic projection and using the actuarial assumptions as described in § 4262.4? Does the application include the following? a. Interest rate used, including supporting details (such as, if applicable, the month selected by plan sponsor to determine the third segment rate used to calculate the interest rate limit) on how it was determined? b. Fair market value of assets on the SFA measurement date? c. For each plan year in the SFA coverage period: i. Separately identify the projected amount of contributions, projected withdrawal liability payments, and other payments expected to be made to the plan (excluding the amount of financial assistance under section 4261 of ERISA and the SFA to be received by the plan)? ii. Separately identify benefit payments described in § 4262.4(b)(1) (excluding the payments in (iii) below), for current retirees and beneficiaries, terminated vested participants not currently receiving benefits, currently active participants, and new entrants? iii. Separately identify benefit payments described in § 4262.4(b)(1) attributable to the reinstatement of benefits under § 4262.15 that were previously suspended through the SFA measurement date? iv. Separately identify administrative expenses expected to be paid using plan assets, excluding the amount owed PBGC under section 4261 of ERISA? d. For each plan year in the SFA coverage period, the projected investment income based on the interest rate in (a) above, and the projected fair market value of assets at the end of each plan year? e. The present value (using the interest rate identified in (a) above) as of the SFA measurement date of each of the separate items provided in (c)(i)-(iv) above? f. SFA amount determined as a lump sum as of the SFA measurement date?	Yes No	Yes	Template 4 Local 1730 Pension Fund (revised).xlsx			Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 4 Pension Plan Name where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.4 § 4262.8(a)(4)	Section C, Item 4
			Yes	Template 4 Local 1730 Pension Fund (revised).xlsx						
11.	Does the application include the plan's enrolled actuary's certification that the requested amount of SFA is the amount to which the plan is entitled under section 4262(j)(1) of ERISA and § 4262.4 of PBGC's SFA regulation, including identification of all assumptions and methods used, sources of participant data and census data, and other relevant information? This certification should be calculated reflecting any events and any mergers identified in § 4262.4(f).	Yes No	Yes	Section E Item 04 Local 1730 Pension Fund (revised).pdf			Financial Assistance Application		§ 4262.4 § 4262.6(c) § 4262.8(a)(4)	Section E, Item 4
12.	Does the application include a detailed narrative description of the development of the assumed future contributions and assumed future withdrawal liability payments used to calculate the requested SFA amount?	Yes No	Yes	Previously submitted Section D Local 1730 Pension Fund.pdf	3		Financial Assistance Application		§ 4262.8(a)(6)	Section D, Item 5

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Management-Labor Pension Fund Local 1730 I.L.A.
EIN:	13-6086163
PN:	1
SFA Amount Requested:	\$58,572,767.00
<b>Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.</b>	

-----Filers provide responses here for each Checklist Item:-----  
 Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
13.	For plans eligible for SFA under § 4262.3(a)(1) or § 4262.3(a)(3), does the application identify which assumptions (if any) used in showing the plan's eligibility for SFA differ from those used in the most recent certification of plan status completed before 1/1/2021? If there are any assumption changes, does the application include detailed explanations and supporting rationale and information as to why using the identified assumptions is no longer reasonable and why the changed assumptions are reasonable? Enter N/A if the plan is not eligible under § 4262.3(a)(1) or § 4262.3(a)(3). Enter N/A if there are no such assumption changes.	Yes No N/A	NA				Financial Assistance Application		§ 4262.5 § 4262.8(b)(1)	Section D, Item 6.a.
14a.	Does the application identify which assumptions (if any) used to determine the requested SFA amount differ from those used in the most recent certification of plan status completed before 1/1/2021 (except for the interest rate, which is determined as required by § 4262.4(3)(1))? If there are any assumption changes, does the application include detailed explanations and supporting rationale and information as to why using the identified original assumptions is no longer reasonable and why the changed assumptions are reasonable? Does the application state if the changed assumption is an extension of the CBU assumption or the administrative expenses assumption as described in Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions?	Yes No	Yes	Section D - Amendment Local 1730 Pension Fund.pdf. Previously submitted Section D Local 1730 Pension Fund.pdf			Financial Assistance Application		§ 4262.5 § 4262.8(b)(1)	Section D, Item 6.b.
14b.	If a plan-specific mortality table is used for Checklist Item #14a, is supporting information provided that documents the methodology used and the rationale for selection of the methodology used to develop the plan-specific rates, as well as detailed information showing the determination of plan credibility and plan experience?	Yes No N/A	NA				Financial Assistance Application		§ 4262.5 § 4262.8(b)(1)	Section D, Item 6.b.
15a.	Does the application include a certification from the plan sponsor with respect to the accuracy of the amount of the fair market value of assets as of the SFA measurement date? Does the certification reference and include information that substantiates the asset value and any projection of the assets to the SFA measurement date?	Yes No	Yes	Previously submitted Section E Item 05 Local 1730 Pension Fund.pdf			Financial Assistance Application		§ 4262.8(a)(4)(ii)	Section E, Item 5
15b.	Does the certification in Checklist Item #15a reference and include information that substantiates the asset value and any projection of the assets to the SFA measurement date?	Yes No	Yes	Previously submitted Assets 6.30.2021 Local 1730 Pension Fund.pdf			Financial Assistance Application		§ 4262.8(a)(4)(ii)	Section E, Item 5
16a.	Does the application include, for an eligible plan that implemented a suspension of benefits under section 305(e)(9) or section 4245(a) of ERISA, a narrative description of how the plan will reinstate the benefits that were previously suspended and a proposed schedule of payments (equal to the amount of benefits previously suspended) to participants and beneficiaries? Enter N/A for a plan that has not implemented a suspension of benefits.	Yes No N/A	Yes	Previously submitted Section D Local 1730 Pension Fund.pdf	7		Financial Assistance Application		§ 4262.7(d) § 4262.15	Section D, Item 7 Section C, Item 4(c)(iii)
16b.	If Yes was entered for Checklist Item #16a, does the proposed schedule show the yearly aggregate amount and timing of such payments, and is it prepared assuming the effective date for reinstatement is the day after the SFA measurement date? Enter N/A for a plan that entered N/A for Checklist Item #16a.	Yes No N/A	Yes	Previously submitted Section D Local 1730 Pension Fund.pdf	7		Financial Assistance Application		§ 4262.7(d) § 4262.15	Section D, Item 7 Section C, Item 4(c)(iii)



Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Management-Labor Pension Fund Local 1730 I.L.A.
EIN:	13-6086163
PN:	1
SFA Amount Requested:	\$58,572,767.00
<b>Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.</b>	

-----Filers provide responses here for each Checklist Item:-----

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
16c.	If the plan restored benefits under 26 CFR 1.432(e)(9)-1(e)(3) before the SFA measurement date, does the proposed schedule reflect the amount and timing of payments of restored benefits and the effect of the restoration on the benefits remaining to be reinstated? Enter N/A for a plan that did not restore benefits under 26 CFR 1.432(e)(9)-1(e)(3) before the SFA measurement date. Also enter N/A for a plan that entered N/A for Checklist Items #16a and #16b.	Yes No N/A	NA				Financial Assistance Application		§ 4262.7(d) § 4262.15	Section D, Item 7 Section C, Item 4(c)(iii)
17.	If the SFA measurement date is later than the end of the plan year for the most recent plan financial statements, does the application include a reconciliation of the fair market value of assets from the date of the most recent plan financial statements to the SFA measurement date, showing beginning and ending fair market value of assets, contributions, withdrawal liability payments, benefits paid, administrative expenses, and investment income? Enter N/A if the SFA measurement date is not later than the end of the plan year for the most recent plan financial statements.	Yes No N/A	Yes	Previously submitted Assets 6.30.2021 Local 1730 Pension Fund.pdf			Financial Assistance Application		§ 4262.8(a)(4)(ii)	Section D, Item 8
18.	Does the application include the most recent plan document or restatement of the plan document and all amendments adopted since the last restatement (if any)?	Yes No	Yes	Amendment 3 Local 1730 (revised).pdf, Previously submitted - PlanDocument Local 1730.pdf, Amendment 1 Local 1730.pdf, Amendment 2 Local 1730.pdf			Pension plan documents, all versions available, and all amendments signed and dated		§ 4262.7(e)(1)	Section B, Item 1(a)
19.	Does the application include a copy of the executed plan amendment required by section 4262.6(e)(1) of PBGC's special financial assistance regulation?	Yes No	Yes	Amendment 3 Local 1730 (revised).pdf			Pension plan documents, all versions available, and all amendments signed and dated		§ 4262.7(e)(1) § 4262.6(e)(1)	Section B, Item 1(c)
20.	Does the application include the most recent trust agreement or restatement of the trust agreement, and all amendments adopted since the last restatement (if any)?	Yes No	Yes	Previously submitted Trust Agreement Local 1730.pdf			Pension plan documents, all versions available, and all amendments signed and dated		§ 4262.7(e)(3)	Section B, Item 1(b)
21.	In the case of a plan that suspended benefits under section 305(e)(9) or section 4245 of ERISA, does the application include a copy of the proposed plan amendment required by § 4262.6(e)(2) and a certification from the plan sponsor that it will be timely executed? Enter N/A if there was no suspension of benefits.	Yes No N/A	Yes	Amendment 4 (proposed) Local 1730 (revised).pdf, Previously submitted Section E Item 06 Local 1730 Pension Fund.pdf			Pension plan documents, all versions available, and all amendments signed and dated		§ 4262.7(e)(2) § 4262.6(e)(2)	Section B, Item 1(d)
22.	In the case of a plan that was partitioned under section 4233 of ERISA, does the application include a statement that the plan was partitioned under section 4233 of ERISA and a copy of the amendment required by § 4262.9(c)(2)? Enter N/A if the plan was not partitioned.	Yes No N/A	NA				Pension plan documents, all versions available, and all amendments signed and dated		§ 4262.7(e)(1) § 4262.9(b)(2)	Section B, Item 1(e)
23.	Does the application include the most recent IRS determination letter? Enter N/A if the plan does not have a determination letter.	Yes No N/A	Yes	Previously submitted Determination Letter Local 1730.pdf			Pension plan documents, all versions available, and all amendments signed and dated		§ 4262.7(e)(3)	Section B, Item 1(f)
24.	Does the application include the actuarial valuation report for the 2018 plan year and each subsequent actuarial valuation report completed before the application filing date?	Yes No	Yes	Previously submitted - 2018AVR Local 1730 Pension Fund.pdf, 2019AVR Local 1730 Pension Fund.pdf, 2020AVR Local 1730 Pension Fund.pdf		3 reports - 2018, 2019, 2020	Most recent actuarial valuation for the plan	YYYYAVR Pension Plan Name, where "YYYY" is plan year and "Pension Plan Name" is abbreviated version of the plan name	§ 4262.7(e)(5)	Section B, Item 2
25a.	Does the application include the most recent rehabilitation plan (or funding improvement plan, if applicable), including all subsequent amendments and updates, and the percentage of total contributions received under each schedule of the rehabilitation plan or funding improvement plan for the most recent plan year available?	Yes No N/A	Yes	Previously submitted Rehab Plan Local 1730.pdf			Rehabilitation plan (or funding improvement plan, if applicable)		§ 4262.7(e)(6)	Section B, Item 3
25b.	If the most recent rehabilitation plan does not include historical documentation of rehabilitation plan changes (if any) that occurred in calendar year 2020 and later, does the application include a supplemental document with these details?	Yes No N/A	NA				Rehabilitation plan (or funding improvement plan, if applicable)		§ 4262.7(e)(6)	Section B, Item 3

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Management-Labor Pension Fund Local 1730 I.L.A.
EIN:	13-6086163
PN:	1
SFA Amount Requested:	\$58,572,767.00
<b>Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.</b>	

-----Filers provide responses here for each Checklist Item:-----

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
26.	Does the application include the plan's most recent Form 5500 (Annual Return/Report of Employee Benefit Plan) and all schedules and attachments (including the audited financial statement)?	Yes No	Yes	Previously submitted 2020 Form 5500 Local 1730 Pension Fund.pdf			Latest annual return/report of employee benefit plan (Form 5500)	YYYYForm5500 Pension Plan Name , where "YYYY" is the plan year and "Pension Plan Name" is abbreviated version of the plan name.	§ 4262.7(e)(7)	Section B, Item 4
27a.	Does the application include the plan actuary's certification of plan status ("zone certification") for the 2018 plan year and each subsequent annual certification completed before the application filing date? Enter N/A if the plan does not have to provide certifications for any requested plan year.	Yes No N/A	Yes	Previously submitted - 2018Zone20180329 Local 1730 Pension Fund.pdf, 2019Zone20190329 Local 1730 Pension Fund.pdf, 2020Zone20200330 Local 1730 Pension Fund.pdf, 2021Zone20210331 Local 1730 Pension Fund.pdf		4 zone certifications - 2018, 2019, 2020, 2021	Zone certification	YYYYZoneYYYYMMDD Pension Plan Name, where the first "YYYY" is the applicable plan year, and "YYYYMMDD" is the date the certification was prepared. "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.7(e)(8)	Section B, Item 5
27b.	Does the application include documentation for all certifications that clearly identifies all assumptions used including the interest rate used for funding standard account purposes? Enter N/A if the plan entered N/A for Checklist Item #27a.	Yes No N/A	Yes	see 27a			Zone certification		§ 4262.7(e)(8)	Section B, Item 5
27c.	For a certification of critical and declining status, does the application include the required plan-year-by-plan-year projection (showing the items identified in Section B, Item 5(a) through 5(f) of the SFA Instructions) demonstrating the plan year that the plan is projected to become insolvent? Enter N/A if the plan entered N/A for Checklist Item #27a or if the application does not include a certification of critical and declining status.	Yes No N/A	Yes	see 27a			Zone certification		§ 4262.7(e)(8)	Section B, Item 5
28.	Does the application include the most recent account statements for all of the plan's cash and investment accounts? Insolvent plans may enter N/A, and identify in the Plan Comments that this information was previously submitted to PBGC and the date submitted.	Yes No N/A	NA			Previously submitted to the PBGC on 7.1.2021	Bank/Asset statements for all cash and investment accounts		§ 4262.7(e)(9)	Section B, Item 6
29.	Does the application include the most recent plan financial statement (audited, or unaudited if audited is not available)? Insolvent plans may enter N/A, and identify in the Plan Comments that this information was previously submitted to PBGC and the date submitted.	Yes No N/A	NA			Previously submitted to the PBGC on 7.1.2021	Plan's most recent financial statement (audited, or unaudited if audited not available)		§ 4262.7(e)(10)	Section B, Item 7
30.	Does the application include all of the plan's written policies and procedures governing the plan's determination, assessment, collection, settlement, and payment of withdrawal liability?	Yes No N/A	Yes	Previously submitted - Withdrawal Liability Demand Letter Local 1730.pdf, Section D Local 1730 Pension Fund.pdf	3	Withdrawal Liability documentation is not available. See information included in attached withdrawal liability demand letter	Pension plan documents, all versions available, and all amendments signed and dated		§ 4262.7(e)(12)	Section B, Item 8
31.	Does the application include information required to enable the plan to receive electronic transfer of funds, if the SFA application is approved? See SFA Instructions, Section B, Item 9.	Yes No N/A	Yes	Previously submitted ACHVendorForm Local 1730.pdf			Other		§ 4262.7(e)(11)	Section B, Item 9
32.	Does the application include the plan's projection of expected benefit payments as reported in response to line 8b(1) on the Form 5500 Schedule MB for plan years 2018 through the last year the Form 5500 was filed before the application submission date? Enter N/A if the plan is not required to respond Yes to line 8b(1) on the Form 5500 Schedule MB. See Template 1.	Yes No N/A	Yes	Previously submitted Template 1 Local 1730 Pension Fund.xlsx			Financial assistance spreadsheet (template)	Template 1 Pension Plan Name , where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(a)(1)	Section C, Item 1

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Management-Labor Pension Fund Local 1730 I.L.A.
EIN:	13-6086163
PN:	1
SFA Amount Requested:	\$58,572,767.00
<b>Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.</b>	

-----Filers provide responses here for each Checklist Item:-----  
 Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
33.	If the plan was required to enter 10,000 or more participants on line 6f of the most recently filed Form 5500, does the application include a current listing of the 15 largest contributing employers (the employers with the largest contribution amounts) and the amount of contributions paid by each employer during the most recently completed plan year (without regard to whether a contribution was made on account of a year other than the most recently completed plan year)? If this information is required, it is required for the 15 largest contributing employers even if the employer's contribution is less than 5% of total contributions. Enter N/A if the plan is not required to provide this information. See Template 2.	Yes No N/A	NA				Contributing employers	Template 2 Pension Plan Name , where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(a)(2)	Section C, Item 2
34.	Does the application include for each of the most recent 10 plan years immediately preceding the application filing date, the history of total contributions, total contribution base units (including identification of the unit used), average contribution rates, and number of active participants at the beginning of each plan year? Does the history separately show for each of the most recent 10 plan years immediately preceding the application filing date all other sources of non-investment income such as withdrawal liability payments collected, reciprocity contributions (if applicable), additional contributions from the rehabilitation plan (if applicable), and other identifiable sources of contributions? See Template 3.	Yes No	Yes	Previously submitted Template 3 Local 1730 Pension Fund.xlsx			Historical Plan Financial Information (CBUs, contribution rates, contribution amounts, withdrawal liability payments)	Template 3 Pension Plan Name , where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(a)(3)	Section C, Item 3
35.	Does the application include a separate deterministic projection ("Baseline") in the same format as Checklist Item #10 that shows the amount of SFA that would be determined if the assumptions used are the same as those used in the most recent actuarial certification of plan status completed before January 1, 2021 ("pre-2021 certification of plan status"), excluding the plan's interest rate which should be the same as used for determining the SFA amount and excluding the CBU assumption and administrative expenses assumption which should reflect the changed assumptions consistent with Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions)? Enter N/A if this item is not required because all assumptions used (except the interest rate, CBU assumption and administrative expenses assumption) to determine the requested SFA amount are identical to those used in the pre-2021 certification of plan status and if the changed assumptions for CBUs and administrative expenses are consistent with Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions. <a href="https://www.pbgc.gov/sites/default/files/sfa/SFA-Assumptions-Guidance.pdf">https://www.pbgc.gov/sites/default/files/sfa/SFA-Assumptions-Guidance.pdf</a> See Template 5.	Yes No N/A	Yes	Previously submitted Template 5 Local 1730 Pension Fund.xlsx			Financial assistance spreadsheet (template)	Template 5 Pension Plan Name , where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(b)(2)	Section C, Item 5
36.	Does the application include a reconciliation of the change in the total amount of requested SFA due to each change in assumption from the Baseline to the requested SFA amount? Does the application include a deterministic projection and other information for each assumption change, in the same format as for Checklist Item #10? Enter N/A if this item is not required because all assumptions used (except the interest rate, CBU assumption and administrative expenses assumption) to determine the requested SFA amount are identical to those used in the pre-2021 certification of plan status and if the changed assumptions for CBUs and administrative expenses are consistent with Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions, or if the requested SFA amount in Checklist Item #10 is the same as the amount shown in the Baseline details of Checklist Item #32. See Template 6.	Yes No N/A	Yes	Template 6 Local 1730 Pension Fund (revised).xlsx			Financial assistance spreadsheet (template)	Template 6 Pension Plan Name , where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(b)(3)	Section C, Item 6

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Management-Labor Pension Fund Local 1730 I.L.A.
EIN:	13-6086163
PN:	1
SFA Amount Requested:	\$58,572,767.00
<b>Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.</b>	

-----Filers provide responses here for each Checklist Item:-----  
 Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
37a.	For plans eligible for SFA under § 4262.3(a)(1) or § 4262.3(a)(3), does the application include a table identifying which assumptions used in determining the plan's eligibility for SFA differ from those used in the pre-2021 certification of plan status?  Enter N/A if the plan is eligible for SFA under § 4262.3(a)(2) or § 4262.3(a)(4) or if the plan is eligible based on a certification of plan status completed before 1/1/2021. Also enter N/A if the plan is eligible based on a certification of plan status completed after 12/31/2020 but that reflects the same assumptions as those in the pre-2021 certification of plan status. See Template 7.	Yes No N/A	NA				Financial assistance spreadsheet (template)	Template 7 Pension Plan Name, where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(b)(1)	Section C, Item 7(a)
37b.	Does Checklist Item #37a include brief explanations as to why using those assumptions is no longer reasonable and why the changed assumptions are reasonable? This should be an abbreviated version of information provided in Checklist Item #13. Enter N/A if the plan entered N/A for Checklist Item #37a. See Template 7.	Yes No N/A	NA				Financial assistance spreadsheet (template)	Template 7 Pension Plan Name, where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(b)(1)	Section C, Item 7(a)
38.	Does the application include a table identifying which assumptions differ from those used in the pre-2021 certification of plan status (except the interest rate used to determine SFA)? Does this item include brief explanations as to why using those original assumptions is no longer reasonable and why the changed assumptions are reasonable? Does the application state if the changed assumption is an extension of the CBU assumption or the administrative expenses assumption as described in Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions? This should be an abbreviated version of information provided in Checklist Items #14a-b. See Template 7.	Yes No N/A	Yes	Template 7 Local 1730 Pension Fund (revised).xlsx			Financial assistance spreadsheet (template)	Template 7 Pension Plan Name, where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(b)(1)	Section C, Item 7(b)
39a.	Does the application include details of the projected contributions and withdrawal liability payments used to calculate the requested SFA amount, including total contributions, contribution base units (including identification of base unit used), average contribution rate(s), reciprocity contributions (if applicable), additional contributions from the rehabilitation plan (if applicable), and any other identifiable contribution streams? See Template 8.	Yes No	Yes	Previously submitted Template 8 Local 1730 Pension Fund.xlsx			Financial assistance spreadsheet (template)	Template 8 Pension Plan Name, where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(a)(5)	Section C, Item 8
39b.	Does the application separately show the amounts of projected withdrawal liability payments for employers that are currently withdrawn at the application filing date, and assumed future withdrawals? Does the application also provide the projected number of active participants at the beginning of each plan year? See Template 8.	Yes No	Yes	Previously submitted Template 8 Local 1730 Pension Fund.xlsx			Financial assistance spreadsheet (template)	Template 8 Pension Plan Name, where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(a)(5)	Section C, Item 8
39c.	Does the application also provide the projected number of active participants at the beginning of each plan year? See Template 8.	Yes No	Yes	Previously submitted Template 8 Local 1730 Pension Fund.xlsx			Financial assistance spreadsheet (template)	Template 8 Pension Plan Name, where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(a)(5)	Section C, Item 8
<b>Supplemental Information for Certain Events under § 4262.4(f) - Applicable to Any Events in § 4262.4(f)(2) through (f)(4) and Any Mergers in § 4262.4(f)(1)(ii)</b>										
40a.	Does the application include a narrative description of any event and any merger, including relevant supporting documents which may include plan amendments, collective bargaining agreements, actuarial certifications related to a transfer or merger, or other relevant materials? Enter N/A if the plan has not experienced an event or merger.	Yes No N/A	NA				Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D
40b.	For a transfer or merger event, does the application include identifying information for all plans involved including plan name, EIN and plan number, and the date of the transfer or merger? Enter N/A if the plan has not experienced a transfer or merger event.	Yes No N/A	NA				Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Management-Labor Pension Fund Local 1730 I.L.A.
EIN:	13-6086163
PN:	1
SFA Amount Requested:	\$58,572,767.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

-----Filers provide responses here for each Checklist Item:-----  
 Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
41a.	Does the narrative description in the application identify the amount of SFA reflecting any event, the amount of SFA determined as if the event had not occurred, and confirmation that the requested SFA provided in Checklist Item #1 is no greater than the amount that would have been determined if the event had not occurred, unless the event is a contribution rate reduction and such event lessens the risk of loss to plan participants and beneficiaries? Enter N/A if the plan has not experienced any event.	Yes No N/A	NA				Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D
41b.	For a merger, is the determination of SFA as if the event had not occurred equal to the sum of the amount that would be determined for this plan and each plan merged into this plan (each as if they were still separate plans)? Enter N/A if the plan entered N/A for Checklist Item #41a. Enter N/A if the event described in Checklist Item #41a was not a merger.	Yes No N/A	NA				Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D
42a.	Does the application include a supplemental version of Checklist Item #6 that shows the determination of SFA eligibility as if any events had not occurred? Enter N/A if the plan has not experienced any event.	Yes No N/A	NA				Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D
42b.	For any merger, does this item include demonstrations of SFA eligibility for this plan and for each plan merged into this plan (each of these determined as if they were still separate plans)? Enter N/A if the plan entered N/A for Checklist Item #42a. Enter N/A if the event described in Checklist Item #42a was not a merger.	Yes No N/A	NA				Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D
43a.	Does the application include a supplemental certification from the plan's enrolled actuary with respect to the plan's SFA eligibility (see Checklist Item #7), but with eligibility determined as if any events had not occurred? Enter N/A if the plan has not experienced any event.	Yes No N/A	NA				Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E
43b.	For any merger, does the application include supplemental certifications of the SFA eligibility for this plan and for each plan merged into this plan (each of these determined as if they were still separate plans)? Enter N/A if the plan entered N/A for Checklist Item #43a. Also enter N/A if the event described in Checklist Item #43a was not a merger.	Yes No N/A	NA				Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E
44a.	Does the application include a supplemental version of Checklist Item #10 that shows the determination of the SFA amount as if any events had not occurred? See Template 4. Enter N/A if the plan has not experienced any events.	Yes No N/A	NA				Projections for special financial assistance (estimated income, benefit payments and expenses)	For supplemental submission due to any event: <i>Template 4 Pension Plan Name Supp</i> where "Pension Plan Name" is an abbreviated version of the plan name. For a supplemental submission due to a merger, <i>Template 4 Pension Plan Name Merged</i> , where "Pension Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section C

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Management-Labor Pension Fund Local 1730 I.L.A.
EIN:	13-6086163
PN:	1
SFA Amount Requested:	\$58,572,767.00
<b>Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.</b>	

-----Filers provide responses here for each Checklist Item:-----  
 Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
44b.	For any merger, does the application show the SFA determination for this plan and for each plan merged into this plan (each of these determined as if they were still separate plans)? See Template 4. Enter N/A if the plan entered N/A for Checklist Item #44a. Also enter N/A if the event described in Checklist Item #44a was not a merger.	Yes No N/A	NA				Projections for special financial assistance (estimated income, benefit payments and expenses)	For a supplemental submission due to a merger, <i>Template 4 Pension Plan Name Merged</i> , where "Pension Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section C
45a.	Does the application include a supplemental certification from the plan's enrolled actuary with respect to the plan's SFA amount (see Checklist Item #11), but with the SFA amount determined as if any events had not occurred? Enter N/A if the plan has not experienced any events.	Yes No N/A	NA				Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E
45b.	Does this certification clearly identify all assumptions and methods used, sources of participant data and census data, and other relevant information? Enter N/A if the plan entered N/A for Checklist Item #45a.	Yes No N/A	NA				Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E
45c.	For any merger, does the application include supplemental certifications of the SFA amount determined for this plan and for each plan merged into this plan (each of these determined as if they were still separate plans)? Enter N/A if the plan entered N/A for Checklist Item #45a. Also enter N/A if the event described in Checklist Item #45a was not a merger.	Yes No N/A	NA				Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E
45d.	For any merger, do the certifications clearly identify all assumptions and methods used, sources of participant data and census data, and other relevant information? Enter N/A if the plan entered N/A for Checklist Item #45a. Enter N/A if the event described in Checklist Item #45a was not a merger.	Yes No N/A	NA				Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E
46a.	If the event is a contribution rate reduction and the amount of requested SFA is not limited to the amount of SFA determined as if the event had not occurred, does the application include a detailed demonstration that shows that the event lessens the risk of loss to plan participants and beneficiaries? Enter N/A if the event is not a contribution rate reduction, or if the event is a contribution rate reduction but the requested SFA is limited to the amount of SFA determined as if the event had not occurred.	Yes No N/A	NA				Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D
46b.	Does this demonstration also identify all assumptions used, supporting rationale for the assumptions and other relevant information? Enter N/A if the plan entered N/A for Checklist Item #46a.	Yes No N/A	NA				Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Management-Labor Pension Fund Local 1730 I.L.A.
EIN:	13-6086163
PN:	1
SFA Amount Requested:	\$58,572,767.00
<b>Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.</b>	

-----Filers provide responses here for each Checklist Item:-----  
 Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
47a.	If the event is a contribution rate reduction and the amount of requested SFA is not limited to the amount of SFA determined as if the event had not occurred, does the application include a certification from the plan's enrolled actuary (or, if appropriate, from the plan sponsor) with respect to the demonstration to support a finding that the event lessens the risk of loss to plan participants and beneficiaries? Enter N/A if the event is not a contribution rate reduction, or if the event is a contribution rate reduction but the requested SFA is limited to the amount of SFA determined as if the event had not occurred.	Yes No N/A	NA				Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E
47b.	Does this demonstration also identify all assumptions used, supporting rationale for the assumptions and other relevant information? Enter N/A if the event is not a contribution rate reduction, or if the event is a contribution rate reduction but the requested SFA is limited to the amount of SFA determined as if the event had not occurred.	Yes No N/A	NA				Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E

**Supplemental Information for Certain Events under § 4262.4(f) - Applicable Only to Any Mergers in § 4262.4(f)(1)(ii)**

**Plans that have experienced mergers identified in § 4262.4(f)(1)(ii) must complete Checklist Items #48 through #60. If you are required to complete Checklist Items #48 through #60, your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #48 through #60. All other plans should not provide any responses for Checklist Items #48 through #60.**

48.	In addition to the information provided with Checklist Item #18, does the application also include similar plan documents and amendments for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No N/A					Pension plan documents, all versions available, and all amendments signed and dated	Use same naming convention as for Checklist Item #18 but with abbreviated plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
49.	In addition to the information provided with Checklist Item #20, does the application also include similar trust agreements and amendments for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No N/A					Pension plan documents, all versions available, and all amendments signed and dated	Use same naming convention as for Checklist Item #20 but with abbreviated plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
50.	In addition to the information provided with Checklist Item #23, does the application also include the most recent IRS determination for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)? Enter N/A if the plan does not have a determination letter.	Yes No N/A					Pension plan documents, all versions available, and all amendments signed and dated	Use same naming convention as for Checklist Item #23 but with abbreviated plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
51.	In addition to the information provided with Checklist Item #24, for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii), does the application include the actuarial valuation report for the 2018 plan year and each subsequent actuarial valuation report completed before the application filing date?	Yes No N/A				Identify here how many reports are provided.	Most recent actuarial valuation for the plan	YYYYAVR Pension Plan Name Merged, where "YYYY" is plan year and "Pension Plan Name Merged" is abbreviated version of the plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
52.	In addition to the information provided with Checklist Item #25, does the application include similar rehabilitation plan information for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No N/A					Rehabilitation plan (or funding improvement plan, if applicable)	Use same naming convention as for Checklist Item #25 but with abbreviated plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Management-Labor Pension Fund Local 1730 I.L.A.
EIN:	13-6086163
PN:	1
SFA Amount Requested:	\$58,572,767.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

-----Filers provide responses here for each Checklist Item:-----

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
53.	In addition to the information provided with Checklist Item #26, does the application include similar Form 5500 information for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No N/A					Latest annual return/report of employee benefit plan (Form 5500)	YYYYForm5500 Pension Plan Name Merged, where "YYYY" is the plan year and "Pension Plan Name Merged" is abbreviated version of the plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
54.	In addition to the information provided with Checklist Item #27, does the application include similar certifications of plan status for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No N/A				Identify how many zone certifications are provided.	Zone certification	YYYYZoneYYYYMMDD Pension Plan Name Merged, where the first "YYYY" is the applicable plan year, and "YYYYMMDD" is the date the certification was prepared. "Pension Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
55.	In addition to the information provided with Checklist Item #28, does the application include the most recent cash and investment account statements for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No N/A					Bank/Asset statements for all cash and investment accounts	Use same naming convention as for Checklist Item #28 but with abbreviated plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
56.	In addition to the information provided with Checklist Item #29, does the application include the most recent plan financial statement (audited, or unaudited if audited is not available) for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No N/A					Plan's most recent financial statement (audited, or unaudited if audited not available)	Use same naming convention as for Checklist Item #29 but with abbreviated plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
57.	In addition to the information provided with Checklist Item #30, does the application include all of the written policies and procedures governing the plan's determination, assessment, collection, settlement, and payment of withdrawal liability for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No N/A					Pension plan documents, all versions available, and all amendments signed and dated	Use same naming convention as for Checklist Item #30 but with abbreviated plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
58.	In addition to the information provided with Checklist Item #32, does the application include the same information in the format of Template 1 for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)? Enter N/A if each plan that fully merged into this plan is not required to respond Yes to line 8b(1) on the most recently filed Form 5500 Schedule MB.	Yes No N/A					Financial assistance spreadsheet (template)	Template 1 Pension Plan Name Merged, where "Pension Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section C
59.	In addition to the information provided with Checklist Item #33, does the application include the same information in the format of Template 2 (if required based on the participant threshold) for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)? Enter N/A if each plan that merged into this plan has less than 10,000 participants on line 6f of the most recently filed Form 5500.	Yes No N/A					Contributing employers	Template 2 Pension Plan Name Merged, where "Pension Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section C
60.	In addition to the information provided with Checklist Item #34, does the application include similar information in the format of Template 3 for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)?	Yes No					Historical Plan Financial Information (CBUs, contribution rates, contribution amounts, withdrawal liability payments)	Template 3 Pension Plan Name Merged, where "Pension Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section C



AMENDMENT NO. 3

TO THE

MANAGEMENT-LABOR PENSION FUND, LOCAL 1730 ILA

WHEREAS, effective January 1, 2001 the Management-Labor Pension Fund, Local 1730 ILA ("Pension Plan") Rules and Regulations were restated in its entirety; and

WHEREAS, Section 8.1 of the Pension Plan permits the Trustees to amend the Pension Plan;

NOW, THEREFORE, the Plan is amended as follows, effective August 1, 2021 through the Plan Year ending on August 31, 2051:

1. Article I of the Plan is amended by adding the following new Section 1.26 to the end thereof:

1.26. Special Financial Assistance shall mean special financial assistance from the PBGC within the meaning of Section 4262 of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

2. Article III of the Plan is amended by adding the following new Section 3.19 to the end thereof:

3.19 Conditions on Special Financial Assistance

Beginning with the Special Financial Assistance measurement date selected by the Plan in the Plan's application for Special Financial Assistance, the Plan shall be administered in accordance with the restrictions and conditions specified in Section 4262 of ERISA and 29 CFR part 4262. This amendment is contingent upon approval by PBGC of the Plan's Application for Special Financial Assistance.

IN WITNESS WHEREOF, the Trustees of the Pension Plan have signed this Amendment on the 23rd day of September, 2021.

  
TRUSTEE

UNION TRUSTEE  
Wayne Walsh

  
TRUSTEE

EMPLOYER TRUSTEE  
Lamar Beinhower

AMENDMENT NO. 4

TO THE

MANAGEMENT-LABOR PENSION FUND, LOCAL 1730 ILA

WHEREAS, effective January 1, 2001 the Management-Labor Pension Fund, Local 1730 ILA (“Pension Plan”) Rules and Regulations were restated in its entirety; and

WHEREAS, Section 8.1-2 of the Pension Plan permits the Trustees to amend the Pension Plan;

NOW, THEREFORE, the Pension Plan is amended as follows:

1. Article III of the Pension Plan is amended by adding the following new Section 3.20 to the end thereof:

3.20 Restoration of Suspended Benefits

Effective as of the first month in which Special Financial Assistance is paid to the Plan, any benefit that, pursuant to Section 4245(a) of ERISA, were suspended for Participants and Beneficiaries shall be reinstated to the amount determined under this Article and in effect prior to the Plan’s insolvency. Within three (3) months of the date the Plan receives the Special Financial Assistance, the Plan shall pay the previously suspended amounts to any Participants and Beneficiaries who are in pay status as of the date the Plan receives the Special Financial Assistance in a lump-sum payment.

IN WITNESS WHEREOF, the Trustees of the Pension Plan have signed this Amendment on this \_\_\_\_\_ of \_\_\_\_\_, 2021.

\_\_\_\_\_  
TRUSTEE

UNION TRUSTEE  
WAYNE WALSH

\_\_\_\_\_  
TRUSTEE

EMPLOYER TRUSTEE  
MARK GLADFELTER

Full SSN	Last 4 SSN	FNAME	LNAME	DOB	Accrued Benefit
				10/01/1942	\$200.90
				01/01/1948	\$279.30
				08/01/1933	\$225.40
				08/01/1933	\$220.50
				01/01/1946	\$2,252.40
				02/01/1933	\$284.20
				09/01/1940	\$170.00
				01/01/1930	\$1,135.75
				05/01/1924	\$506.50
				05/01/1946	\$318.50

Notes

79 yo, no current history. We will send a letter

73 yo, no current history on file. We will send a letter

88 yo, no current history on file, We will send letter

88 yo, no current history on file, We will send letter

75 yo, nic current history on file. We will send letter

88 yo, no current history on file, We will send letter

81 yo, no current history on file. We will send letter

91 yo, no current history on file. We will send letter

passed 12/21/2018

passed 9/14/2019

Address



AMENDMENT NO. 3

TO THE

MANAGEMENT-LABOR PENSION FUND, LOCAL 1730 ILA

WHEREAS, effective January 1, 2001 the Management-Labor Pension Fund, Local 1730 ILA ("Pension Plan") Rules and Regulations were restated in its entirety; and

WHEREAS, Section 8.1 of the Pension Plan permits the Trustees to amend the Pension Plan;

NOW, THEREFORE, the Plan is amended as follows, effective August 1, 2021 through the Plan Year ending on August 31, 2051:

1. Article I of the Plan is amended by adding the following new Section 1.26 to the end thereof:


1.26. Special Financial Assistance shall mean special financial assistance from the PBGC within the meaning of Section 4262 of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

2. Article III of the Plan is amended by adding the following new Section 3.19 to the end thereof:

3.19 Conditions on Special Financial Assistance

Beginning with the Special Financial Assistance measurement date selected by the Plan in the Plan's application for Special Financial Assistance, the Plan shall be administered in accordance with the restrictions and conditions specified in Section 4262 of ERISA and 29 CFR part 4262. This amendment is contingent upon approval by PBGC of the Plan's Application for Special Financial Assistance.

IN WITNESS WHEREOF, the Trustees of the Pension Plan have signed this Amendment on the 23rd day of September, 2021.

  
TRUSTEE  
UNION TRUSTEE

  
TRUSTEE  
EMPLOYER TRUSTEE

**MANAGEMENT-LABOR PENSION FUND-LOCAL 1730, ILA**  
c/o IE Shaffer & Co.  
P.O Box 1028  
830 Bear Tavern Road  
West Trenton, NJ 08628

**POLICY FOR LOCATING TERMINATED VESTED PARTICIPANTS**

The Board of Trustees of the Management-Labor Pension Fund-Local 1730, ILA recognizes the importance of maintaining a policy for identifying, locating, notifying and monitoring participants – particularly terminated vested participants – in order to make timely benefit disbursements. Therefore, the Trustees desire to memorialize and expand the existing policy for location of, and payment to “missing” or terminated vested Participants who are eligible to receive a pension but have yet to come forward. The Trustees also desire to memorialize best practices for keeping contact and beneficiary information current for participants who have vested in a pension but are not eligible to be in “pay” status.

**I. Objective**

Under the Employee Retirement Income Security Act of 1974, the Board of Trustees has a fiduciary obligation to act with prudence and loyalty in making timely benefit payments. In accordance with these duties, the Board of Trustees must make reasonable efforts to locate “missing” participants or beneficiaries so they can implement directions on plan distributions from the participants or beneficiaries. The purpose of this Policy is to describe the policies and procedures set forth by the Board of Trustees for locating these “missing” or terminated vested participants in compliance with its fiduciary duties.

A “missing” or terminated vested participant is defined as a participant who was vested when he/she ceased covered employment and has since attained Normal Retirement Age under the Fund (age 65), or has reached the applicable Required Beginning Date in accordance with Fund rules, and has not applied for benefits because he or she moved without telling the Fund, failed to update his or her contact information with the Fund, submitted an election to defer commencement of benefits, or died and his or her beneficiaries have not contacted the Fund.

Due to the cessation of their relationship with the Union and/or Fund, and/or failure to respond to notices from the Fund or contact the Fund regarding benefits, the Fund may not possess updated contact information for some participants.

**II. Administration of this Policy**

The Board of Trustees delegates to the Fund Administrator the responsibility to maintain a list of all terminated vested Participants and to locate terminated vested participants and maintain accurate records of all efforts to locate missing Participants. The Fund will annually attempt to

collect missing information such as date of birth, the latest mailing address, telephone number, cell phone number, and email address for each Participant.

The Fund will strive to ensure that all notices and documents sent to participants include a reminder that participants update their contact information with the Fund and detailed instructions on how to update contact information.

**III. Steps for Maintaining Updated Participant Information Prior To Participants Becoming Eligible For Pay Status**

The Fund Administrator shall take the following steps to maintain current and accurate contact and beneficiary information for participants who are eligible to receive a pension from the Fund but are not yet eligible to be in pay status:

**1. Periodic Mailings**

Periodically, the Fund shall contact participants to confirm or update their contact information, including, but not limited to, participants' home and business addresses, telephone and cell phone numbers, and next of kin/emergency contact information.

**2. Contact Information Change On Plan Communications**

To the extent practicable based on the totality of the circumstances, contact information change requests shall be included in plan communications, along with a reminder to the participant to advise the plan of any changes in contact information or beneficiary designations.

**3. Flag And Follow-Up On Undeliverable Mail & Email**

The Fund will flag and follow-up on regular mail and email returned as "undeliverable" to attempt to update the contact information with the participant at issue.

**IV. Steps for Locating Terminated Vested Participants Who Have Yet To Come Forward**

The Fund Administrator shall take the following steps to locate terminated vested participants:

**1. Annual Mailing and use of Certified Mail**

Every year the Fund Administrator shall mail a letter to terminated vested participants and retirees notifying them of their entitlement to benefits. Use of Certified Mail will be implemented for Participants who do not reply to the notice sent by regular mail via the U.S.P.S.



Terminated Vested Participants: The Fund shall send a letter to participants at or above Normal Retirement Age who have not applied for benefits notifying them of their entitlement to benefits and verifying the contact information on file with the Fund Office.

**2. Checking Related Employee Benefit Funds, Union, and Employer Records**

If the Fund does not receive a response to the certified mailing, the Fund will check related employee benefit plans, information maintained by the Local Union and its business agents, and last known employer records for alternative or updated contact information.

**3. Contacting Beneficiaries**

The Fund shall contact any individual who the terminated vested participant has designated as a beneficiary (e.g., spouse, children, etc.) for any related benefits, to find updated contact information for the participant, including address, date of birth, telephone, cell number and email address. If the Fund receives a response, the Fund will send the Participant a letter to the new address via U.S.P.S. and then via certified mail if no response is received.

**4. Internet Search Tools**

The Fund shall make reasonable use of free internet search tools such as Internet search engines, public record databases (such as those for licenses, mortgages and real estate taxes), obituaries, and social media.

**5. Use of Government Agencies**

The Fund shall utilize the Internal Revenue Service, Social Security and the Pension Benefit Guarantee Corporation search functions, filings and records to the extent available.

**Additional Search Steps**

If, after all of the preceding steps have been taken, the terminated vested participant still cannot be located and the Fund Administrator determines that additional steps are required to satisfy the Board of Trustees' fiduciary duty, the Fund Administrator may use paid Internet search tools, commercial locator services, credit reporting agencies, information brokers, investigation databases and analogous services.

The Fund Administrator is permitted to charge the participant's account for the reasonable expense of locating the participant.

**Recording Efforts to Locate Terminated Vested Participants**

The Fund shall maintain records of all correspondences and notices sent to terminated vested participants and retirees which will be available for review by the Trustees at any time. In addition,

**Additional Search Steps**

If, after all of the preceding steps have been taken, the terminated vested participant still cannot be located and the Fund Administrator determines that additional steps are required to satisfy the Board of Trustees' fiduciary duty, the Fund Administrator may use paid Internet search tools, commercial locator services, credit reporting agencies, information brokers, investigation databases and analogous services.


The Fund Administrator is permitted to charge the participant's account for the reasonable expense of locating the participant.


**Resolving Efforts to Locate Terminated Vested Participants**

The Fund shall maintain records of all correspondences and notices sent to terminated vested participants and retirees which will be available for review by the Trustees at any time. In addition, the Fund shall document all efforts to contact terminated vested participants describing the search steps taken to locate the participants, the date of action, and the result.

The Board of Trustees reserves the right to amend this policy at any time.

Adopted by the Boards of Trustees of the Management-Labor Pension Fund-Local 1730, I.A.  
this \_\_\_ day of \_\_\_\_\_, 2022.

  
\_\_\_\_\_  
Union Trustee

  
\_\_\_\_\_  
Employer Trustee

Dated: JANUARY 13, 22

Dated: JANUARY 13, 2022

## **ILA 1730 Terminated Vested Participants - PBGC**

1. When was the last death search performed? We recently did another death search via Life Status 360 on November 9, 2021.
2. When were letters sent to surviving inactive vested participants? These letters are sent annually and most recently in September of 2021 and we did another search via Accurint (Lexis Nexis) for two missing address's that were recently brought to my attention, ( [REDACTED] [REDACTED] ). We search for these two missing address's annually.

What were the results of the responses? We have not received a response from the inactive vested participants to date.

How many of these participants are now in payment status? None of the eight inactive participants in question are in pay status.

3. Did the death search confirm that the remaining eight inactive vested participants are still living? Or just fail to confirm that they are deceased? The death search performed on Life Status 360 confirms that they are not deceased, therefore we assume they are still living.

**TEMPLATE 4**  
**SFA Determination**

v20210824p

File name: *Template 4 Pension Plan Name*, where "Pension Plan Name" is an abbreviated version of the plan name.

For supplemental submission due to a merger under § 4262.4(f)(1)(ii): *Template 4 Pension Plan Name Merged*, where "Pension Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.

For supplemental submission due to certain events with limitations under § 4262.4(f)(1)(i): *Template 4 Pension Plan Name Supp*, where "Pension Plan Name" is an abbreviated version of the plan name.

**Instructions for Section C, Item 4 of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance:**

Provide information used to determine the amount of requested SFA for the plan based on a deterministic projection and using the actuarial assumptions as described in § 4262.4 of PBGC's special financial assistance regulation. The information to be provided is:

**NOTE: All items below are provided on sheet '4-3 SFA Details' unless otherwise noted.**

- a. Interest rate used (the "SFA interest rate"), including supporting details on how it was determined. If such interest rate is the limit described in section 4262(e)(3) of ERISA, identify the month selected by the plan to determine the third segment rate used to calculate the limit. [*Sheet: 4-1 SFA Interest Rate*]
- b. Fair market value of assets on the last day of the calendar quarter immediately preceding the date the application is filed (the "SFA measurement date").
- c. For each plan year in the period beginning on the SFA measurement date and ending on the last day of the last plan year ending in 2051 (the "SFA coverage period"):
  - i. Separately identify the projected amount of contributions, projected withdrawal liability payments, and other payments expected to be made to the plan (excluding the amount of financial assistance under section 4261 of ERISA and SFA to be received by the plan).
  - ii. Separately identify benefit payments described in § 4262.4(b)(1) of PBGC's special assistance regulation (excluding the payments in (c)(iii) below) for current retirees and beneficiaries, terminated vested participants not currently receiving benefits, currently active participants and new entrants. [*Sheet: 4-2 SFA Ben Pmts*]
  - iii. Separately identify payments described in § 4262.4(b)(1) of PBGC's special financial assistance regulation attributable to the reinstatement of benefits under § 4262.15 that were previously suspended through the SFA measurement date. [Also see applicable examples in Section C, Item 4(c)(iii) of the SFA instructions.]
  - iv. Separately identify administrative expenses expected to be paid using plan assets, excluding the amount owed PBGC under section 4261 of ERISA.
- d. For each plan year in the SFA coverage period, the projected investment income based on the interest rate in (a) above, and the projected fair market value of plan assets at the end of each plan year.
- e. The present value (using the interest rate identified in (a) above) as of the SFA measurement date of each of the separately provided items in (c)(i)-(iv) above.
- f. SFA amount determined as a lump sum as of the SFA measurement date. As described in § 4262.4(a) of PBGC's special financial assistance regulation, this amount equals the excess (if any) of the SFA-eligible plan obligations (the present value of the items in (c)(ii) through (c)(iv)) over the SFA-eligible plan resources (item (b) plus the present value of the items in (c)(i)).



**Additional instructions for each individual worksheet:**

Sheet

**4-1 SFA Determination - SFA Interest Rate**

See instructions on 4-1 SFA Interest Rate.

**4-2 SFA Determination - SFA Benefit Payments**

On this sheet, you will provide:

- Basic plan information (plan name, EIN/PN, SFA measurement date, SFA interest rate),
- Year-by-year deterministic projection of benefit payments, and
- Present values as of the SFA measurement date, using the SFA interest rate.

For each plan year in the period beginning on the SFA measurement date and ending on the last day of the last plan year ending in 2051 (the "SFA coverage period"), separately identify benefit payments described in § 4262.4(b)(1) of PBGC's special assistance regulation for current retirees and beneficiaries, terminated vested participants not currently receiving benefits, currently active participants and new entrants. On this Sheet 4-2, show all benefit payments as positive amounts.

If the plan has suspended benefit payments under sections 305(e)(9) or 4245 of ERISA, the benefit payments in this Sheet 4-2 projection should reflect prospective reinstatement of benefits assuming such reinstatements commence as of the SFA measurement date. If the plan restored or partially restored benefits under 26 CFR 1.432(e)(9)-1(e)(3) before the SFA measurement date, the benefit payments in this Sheet 4-2 should reflect fully restored prospective benefits.

Benefit payments to be paid to participants to restore previously suspended benefits should not be included on this Sheet 4-2, and are separately shown on Sheet 4-3 in the Column (7). All reinstatement of benefits should be shown assuming such reinstatements are paid beginning as of the SFA measurement date (or on the SFA measurement date, for lump sum reinstatement of prior suspended benefits).

Provide the present value as of the SFA measurement date of each separate set of benefit payments, using the limited SFA interest rate from Sheet 4-1. On this sheet, show the present values as positive amounts.

Except for the first row in the projection exhibit below, each row must include the full plan year of the indicated information up to the plan year ending in 2051. This first row may be less than a full plan year of information. The first row in the projection period is for the period beginning on the SFA measurement date and ending on the last day of the plan year containing the SFA measurement date. For all other periods, provide the full plan year of information up to the plan year ending in 2051.

### 4-3 SFA Determination - SFA Details

On this sheet, you will provide:

--Basic plan information (plan name, EIN/PN, SFA measurement date, SFA interest rate),

--Year-by-year deterministic projection, and

--Present values as of the SFA measurement date, using the SFA interest rate.

For each plan year in the period beginning on the SFA measurement date and ending on the last day of the last plan year ending in 2051 (the "SFA coverage period"), provide each of the items requested in Columns (1) through (10). Show payments INTO the plan as positive amounts and payments OUT of the plan as negative amounts.

If the plan has suspended benefit payments under sections 305(e)(9) or 4245 of ERISA, Column (7) should show the benefit payments to be made to restore the past benefits that have been suspended. These amounts should be determined as if such reinstatements are paid beginning as of the SFA measurement date. If the plan sponsor elects to pay these amounts as a lump sum, then the lump sum amount is assumed paid as of the SFA measurement date. If the plan sponsor decides to make payments over 60 months, the first monthly payment is assumed paid on the first regular payment date on or after the SFA measurement date. See the examples in the SFA Instructions. If the reinstatement is paid over 60 months, each row in the projection should reflect the monthly payments for that period. The prospective reinstatement of suspended benefits is included in Column (6); Column (7) is only for reinstatement of past benefits that were suspended.

Provide the present values as of the SFA measurement date of each of the projections in Columns (3) through (8), using the limited SFA interest rate from Sheet 4-1. Show the present values as the same sign (positive or negative) as the projected amounts (e.g., benefit payments are negative on this Sheet 4-3, and the present value of benefit payments should also be negative).

Except for the first row in the projection exhibit, each row must include the full plan year of the indicated information up to the plan year ending in 2051. This first row may be less than a full plan year of information. The first row in the projection period is for the period beginning on the SFA measurement date and ending on the last day of the plan year containing the SFA measurement date. For all other periods, provide the full plan year of information up to the plan year ending in 2051.

#### Version Updates

Version	Date updated	
v20210824p	08/24/2021	On 4-1 SFA Interest Rate sheet, the wording in cell A19 was updated and additional details were added to cell D19. Also on this sheet, minor formatting changes were made to many of the cells with red text.
v20210820p	08/20/2021	On 4-1 SFA Interest Rate sheet, the link in cell D19 was removed.
v20210706p	07/06/2021	

**TEMPLATE 4 - Sheet 4-1**  
**SFA Determination - Interest Rate**

v20210824p

Provide the SFA interest rate used, including supporting details on how it was determined.

**PLAN INFORMATION**

Abbreviated Plan Name:	Management-Labor Pension Fund Local 1730 I.L.A.
EIN:	13-6086163
PN:	001
Application Submission Date:	01/20/2022
SFA measurement date:	06/30/2021
Last day of first plan year ending after the measurement date:	12/31/2021

Last day of the calendar quarter immediately preceding the application submission date.

SFA Interest Rate Used	4.00%
------------------------	-------

Input amount used in determination of SFA.

**Development of interest rate limit:**

Plan Interest Rate:	4.00%
Month used for interest rate (month in which application is filed or the 3 preceding months):	August
ERISA Section 303(h)(2)(C)(iii) rate disregarding modifications made under clause (iv) of such section:	3.38%
Interest Rate Limit (3rd Segment rate plus 200 basis points):	5.38%

Interest rate used for the funding standard account projections in the plan's most recently completed certification of plan status before 1/1/2021.

Month is selected by the plan sponsor.

24-month average third segment rate for selected month without regard to interest rate stabilization rules. These rates are issued by IRS each month. For example, the applicable third segment rate for August 2021 is 3.38%. That rate was issued in [IRS Notice 21-50](#) on August 16, 2021 (see page 2 of notice under the heading "24-Month Average Segment Rates Without 25-Year Average Adjustment").

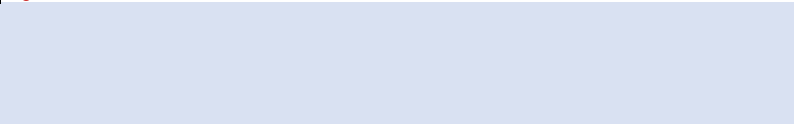
It is also available on IRS' [Funding Yield Curve Segment Rate Tables](#) web page (See Funding Table 3 under the heading "24-Month Average Segment Rates Not Adjusted").

This amount is calculated based on the other information entered.

SFA Interest Rate Calculation (Lesser of Plan Interest Rate and Interest Rate Limit):	4.00%
SFA Interest Rate Match Check:	Match

This amount is calculated based on the other information entered.

If the SFA Interest Rate Calculation is not equal to the SFA Interest Rate Used, provide explanation below.





TEMPLATE 4 - Sheet 4-2

v20210824p

SFA Determination - Benefit Payments

See Supplemental Instructions for Sheet 4-2 on Template 4 Instructions.

**PLAN INFORMATION**

Abbreviated Plan Name:	Management-Labor Pension Fund Local 1730 I.L.A.
EIN:	13-6086163
PN:	001
SFA Measurement Date:	06/30/2021
SFA Interest Rate:	4.00%

On this Sheet 4-2, show all benefit payment amounts and present values as positive amounts.				
<b>PRESENT VALUE</b> as of the Measurement Date of Projected Benefit Payments for:				
Current Retirees and Beneficiaries in Pay Status	Current Terminated Vested Participants	Current Active Participants	New Entrants	Total
\$30,560,609	\$17,387,890	\$7,520,756	\$283,318	\$55,752,573

		<b>PROJECTED BENEFIT PAYMENTS</b> for:				
		Current Retirees and Beneficiaries in Pay Status	Current Terminated Vested Participants	Current Active Participants	New Entrants	Total
Plan Year Start Date	Plan Year End Date					
07/01/2021	12/31/2021	\$1,585,754	\$426,405	\$16,389	\$0	\$2,028,548
01/01/2022	12/31/2022	\$3,044,179	\$218,916	\$85,907	\$0	\$3,349,002
01/01/2023	12/31/2023	\$2,914,746	\$311,294	\$203,750	\$0	\$3,429,790
01/01/2024	12/31/2024	\$2,783,832	\$435,263	\$218,034	\$0	\$3,437,129
01/01/2025	12/31/2025	\$2,651,998	\$526,573	\$222,036	\$223	\$3,400,830
01/01/2026	12/31/2026	\$2,519,718	\$605,072	\$264,395	\$513	\$3,389,698
01/01/2027	12/31/2027	\$2,387,419	\$754,434	\$319,561	\$847	\$3,462,261
01/01/2028	12/31/2028	\$2,255,513	\$844,916	\$362,428	\$1,239	\$3,464,096
01/01/2029	12/31/2029	\$2,124,426	\$939,256	\$398,156	\$1,555	\$3,463,393
01/01/2030	12/31/2030	\$1,994,630	\$1,012,566	\$416,022	\$1,909	\$3,425,127
01/01/2031	12/31/2031	\$1,866,657	\$1,070,758	\$422,560	\$2,343	\$3,362,318
01/01/2032	12/31/2032	\$1,741,065	\$1,208,495	\$459,394	\$2,803	\$3,411,757
01/01/2033	12/31/2033	\$1,618,434	\$1,292,255	\$470,212	\$3,250	\$3,384,151
01/01/2034	12/31/2034	\$1,499,350	\$1,324,673	\$511,757	\$5,007	\$3,340,787
01/01/2035	12/31/2035	\$1,384,350	\$1,352,745	\$578,555	\$7,106	\$3,322,756
01/01/2036	12/31/2036	\$1,273,866	\$1,376,814	\$610,370	\$9,461	\$3,270,511
01/01/2037	12/31/2037	\$1,168,182	\$1,441,593	\$612,795	\$12,210	\$3,234,780
01/01/2038	12/31/2038	\$1,067,439	\$1,440,227	\$606,691	\$14,403	\$3,128,760
01/01/2039	12/31/2039	\$971,701	\$1,425,443	\$622,235	\$18,382	\$3,037,761
01/01/2040	12/31/2040	\$880,998	\$1,415,217	\$640,596	\$23,305	\$2,960,116
01/01/2041	12/31/2041	\$795,389	\$1,385,225	\$649,946	\$28,653	\$2,859,213
01/01/2042	12/31/2042	\$714,948	\$1,359,253	\$634,047	\$34,314	\$2,742,562
01/01/2043	12/31/2043	\$639,742	\$1,313,688	\$617,085	\$39,271	\$2,609,786
01/01/2044	12/31/2044	\$569,817	\$1,267,254	\$602,912	\$44,302	\$2,484,285
01/01/2045	12/31/2045	\$505,159	\$1,227,944	\$597,137	\$49,971	\$2,380,211
01/01/2046	12/31/2046	\$445,712	\$1,178,436	\$584,952	\$56,198	\$2,265,298
01/01/2047	12/31/2047	\$391,383	\$1,121,923	\$562,519	\$61,848	\$2,137,673
01/01/2048	12/31/2048	\$342,033	\$1,063,584	\$537,993	\$67,636	\$2,011,246
01/01/2049	12/31/2049	\$297,488	\$1,015,150	\$512,439	\$73,807	\$1,898,884
01/01/2050	12/31/2050	\$257,522	\$960,679	\$495,248	\$80,107	\$1,793,556
01/01/2051	12/31/2051	\$221,851	\$900,441	\$469,995	\$86,918	\$1,679,205

TEMPLATE 4 - Sheet 4-3

v20210824p

SFA Determination - Details

See Supplemental Instructions for Sheet 4-3 on Template 4 Instructions.

PLAN INFORMATION

Abbreviated Plan Name:	Management-Labor Pension Fund Local 1730 I.L.A.
EIN:	13-6086163
PN:	001
SFA Measurement Date:	06/30/2021
SFA Interest Rate:	4.00%

		PRESENT VALUE as of the SFA Measurement Date of Projected Amounts for:						
(1)	(2)	PV of (3)	PV of (4)	PV of (5)	PV of (6)	PV of (7)	PV of (8)	
Fair Market Value as of the SFA Measurement Date	SFA Amount as of the SFA Measurement Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments (should match total from Sheet 4-2)	Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	(1)+(2)+Sum of PV of (3) through PV of (8) [NOTE: This amount should be \$0]
\$395,023	\$58,572,767	\$3,000,881	\$0	\$0	(\$5,752,573)	(\$1,014,000)	(\$5,202,099)	\$0

Fair Market Value is equal to the cash balance as of the SFA Measurement Date reported by the Administrator

Show payments INTO the plan as positive, and payments OUT of the plan as negative, so that the sum of (1) through (9) equals (10).

Plan Year Start Date	Plan Year End Date	(1) Fair Market Value of Assets at Beginning of Plan Year	(2) SFA Amount as of the SFA Measurement Date	(3) Contributions	(4) Withdrawal Liability Payments	(5) Other Payments to Plan (excluding financial assistance and SFA)	(6) Benefit Payments (should match total from Sheet 4-2)	(7) Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	(8) Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	(9) Investment Income Based on SFA Interest Rate	(10) Fair Market Value of Assets at End of Plan Year
07/01/2021	12/31/2021	\$395,023	\$58,572,767	\$84,488	\$0	\$0	-\$2,028,548	-\$1,014,000	-\$106,090	\$1,124,163	\$57,027,804
01/01/2022	12/31/2022	\$57,027,804		\$168,976	\$0	\$0	-\$3,349,002	\$0	-\$218,545	\$2,206,003	\$55,835,236
01/01/2023	12/31/2023	\$55,835,236		\$168,976	\$0	\$0	-\$3,429,790	\$0	-\$225,102	\$2,156,391	\$54,505,711
01/01/2024	12/31/2024	\$54,505,711		\$168,976	\$0	\$0	-\$3,437,129	\$0	-\$231,855	\$2,102,925	\$53,108,628
01/01/2025	12/31/2025	\$53,108,628		\$168,976	\$0	\$0	-\$3,400,830	\$0	-\$238,810	\$2,047,719	\$51,685,682
01/01/2026	12/31/2026	\$51,685,682		\$168,976	\$0	\$0	-\$3,389,698	\$0	-\$245,975	\$1,990,917	\$50,209,903
01/01/2027	12/31/2027	\$50,209,903		\$168,976	\$0	\$0	-\$3,462,261	\$0	-\$253,354	\$1,930,144	\$48,593,408
01/01/2028	12/31/2028	\$48,593,408		\$168,976	\$0	\$0	-\$3,464,096	\$0	-\$260,955	\$1,865,305	\$46,902,639
01/01/2029	12/31/2029	\$46,902,639		\$168,976	\$0	\$0	-\$3,463,393	\$0	-\$268,783	\$1,797,547	\$45,136,986
01/01/2030	12/31/2030	\$45,136,986		\$168,976	\$0	\$0	-\$3,425,127	\$0	-\$276,847	\$1,727,622	\$43,331,610
01/01/2031	12/31/2031	\$43,331,610		\$168,976	\$0	\$0	-\$3,362,318	\$0	-\$288,992	\$1,656,578	\$41,505,854
01/01/2032	12/31/2032	\$41,505,854		\$168,976	\$0	\$0	-\$3,411,757	\$0	-\$297,662	\$1,582,295	\$39,547,706
01/01/2033	12/31/2033	\$39,547,706		\$168,976	\$0	\$0	-\$3,384,151	\$0	-\$306,592	\$1,504,418	\$37,530,357
01/01/2034	12/31/2034	\$37,530,357		\$168,976	\$0	\$0	-\$3,340,787	\$0	-\$315,790	\$1,424,517	\$35,467,274
01/01/2035	12/31/2035	\$35,467,274		\$168,976	\$0	\$0	-\$3,322,756	\$0	-\$325,263	\$1,342,221	\$33,330,451
01/01/2036	12/31/2036	\$33,330,451		\$168,976	\$0	\$0	-\$3,270,511	\$0	-\$335,021	\$1,257,728	\$31,151,623
01/01/2037	12/31/2037	\$31,151,623		\$168,976	\$0	\$0	-\$3,234,780	\$0	-\$345,072	\$1,171,184	\$28,911,931
01/01/2038	12/31/2038	\$28,911,931		\$168,976	\$0	\$0	-\$3,128,760	\$0	-\$355,424	\$1,083,757	\$26,680,480
01/01/2039	12/31/2039	\$26,680,480		\$168,976	\$0	\$0	-\$3,037,761	\$0	-\$366,087	\$996,321	\$24,441,929
01/01/2040	12/31/2040	\$24,441,929		\$168,976	\$0	\$0	-\$2,960,116	\$0	-\$377,069	\$908,299	\$22,182,019
01/01/2041	12/31/2041	\$22,182,019		\$168,976	\$0	\$0	-\$2,859,213	\$0	-\$388,381	\$819,933	\$19,923,334
01/01/2042	12/31/2042	\$19,923,334		\$168,976	\$0	\$0	-\$2,742,562	\$0	-\$400,033	\$731,958	\$17,681,673
01/01/2043	12/31/2043	\$17,681,673		\$168,976	\$0	\$0	-\$2,609,786	\$0	-\$391,468	\$645,390	\$15,494,785
01/01/2044	12/31/2044	\$15,494,785		\$168,976	\$0	\$0	-\$2,484,285	\$0	-\$372,643	\$561,038	\$13,367,871
01/01/2045	12/31/2045	\$13,367,871		\$168,976	\$0	\$0	-\$2,380,211	\$0	-\$357,032	\$478,551	\$11,278,156
01/01/2046	12/31/2046	\$11,278,156		\$168,976	\$0	\$0	-\$2,265,298	\$0	-\$339,795	\$397,823	\$9,239,861
01/01/2047	12/31/2047	\$9,239,861		\$168,976	\$0	\$0	-\$2,137,673	\$0	-\$320,651	\$319,467	\$7,269,981
01/01/2048	12/31/2048	\$7,269,981		\$168,976	\$0	\$0	-\$2,011,246	\$0	-\$301,687	\$243,819	\$5,369,843
01/01/2049	12/31/2049	\$5,369,843		\$168,976	\$0	\$0	-\$1,898,884	\$0	-\$284,833	\$170,610	\$3,525,711
01/01/2050	12/31/2050	\$3,525,711		\$168,976	\$0	\$0	-\$1,793,556	\$0	-\$269,033	\$99,466	\$1,731,564
01/01/2051	12/31/2051	\$1,731,564		\$168,976	\$0	\$0	-\$1,679,205	\$0	-\$251,881	\$30,546	\$0

## TEMPLATE 6

v20210723p

### Reconciliation

File name: *Template 6 Pension Plan Name*, where "Pension Plan Name" is an abbreviated version of the plan name.

Instructions for Section C, Item 6 of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance:

*This Template 6 is not required if all assumptions used (except the interest rate, CBU assumption and administrative expenses assumption) to determine the requested SFA amount are identical to those used in the pre-2021 certification of plan status and if the changed assumptions for CBUs and administrative expenses are consistent with Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions.*

*This Template 6 is also not required if the requested SFA amount from Template 4 is the same as the SFA amount shown in Template 5 (Baseline).*

If the assumptions used to determine the requested SFA amount differ from those in the "Baseline" projection in Template 5, then provide a reconciliation of the change in the total amount of requested SFA due to each change in assumption from the Baseline to the requested SFA as shown in Template 4.

For each assumption change from the Baseline through the requested SFA amount, provide a deterministic projection in the same format as Template 4.

Additional instructions for each individual worksheet:

Sheet

#### 6-1 Reconciliation

For Item 1, show the SFA amount shown in Template 5 using the "Baseline" assumptions and methods. If there is only one change in assumptions/methods between the Baseline (Template 5) and the requested SFA amount (Template 4), then show on Item 2 the requested SFA amount, and briefly identify the change in assumptions from the Baseline.

If there is more than one change in assumptions/methods from the Baseline, show each individual change as a separate item number. Each item number should reflect all changes already measured in the prior item number. For example, the difference between the SFA amount shown for Item 4 and Item 5 should be the incremental change due to changing the identified single assumption/method. The Item numbers should show assumption/method changes in the order that they were incrementally measured.

#### 6-2 Reconciliation Details

For Reconciliation Details sheets, see Template 4 instructions for Sheet 4-3, except provide the projections and present value information used to determine each Item number from the Reconciliation in Sheet 6-1.

A Reconciliation Details sheet is not needed for the last Item shown in the Reconciliation, since the information should be the same as shown in Template 4. For example, if there is only one assumption change from the Baseline, then Item 2 should identify what assumption changed between the Baseline and Item 2 where Item 2 is the requested SFA amount. Since details on the determination of the requested SFA amount are shown in Template 4, a separate Sheet 6-2 Reconciliation Details is not required here.

#### 6-3 Reconciliation Details

See instructions for 6-2 Reconciliation Details.

#### 6-4 Reconciliation Details

See instructions for 6-2 Reconciliation Details.

#### 6-5 Reconciliation Details

See instructions for 6-2 Reconciliation Details.

### Version Updates

Version	Date Updated	
v20210723p	07/23/2021	On Sheets 6-2, 6-3, 6-3, and 6-5: (1) unprotected Cells A1:B1, and (2) in Cell H14 and Cell H19, removed reference to Sheet 4-2. Updated the version number in top right corner of each sheet. Added this section on Version Updates and protected the Version Updates cells.
v20210706p	07/06/2021	

**TEMPLATE 6 - Sheet 6-1**

**Reconciliation - Summary**

For Item 1, show the SFA amount determined in Template 5 using the "Baseline" assumptions and methods. If there is only one change in assumptions/methods between the Baseline (Template 5) and the requested SFA amount (Template 4), then show on Item 2 the requested SFA amount, and briefly identify the change in assumptions from the Baseline.

If there is more than one change in assumptions/methods from the Baseline, show each individual change as a separate item number. Each item number should reflect all changes already measured in the prior item number. For example, the difference between the SFA amount shown for Item 4 and Item 5 should be the incremental change due to changing the identified single assumption/method. The Item numbers should show assumption/method changes in the order that they were incrementally measured.

**PLAN INFORMATION**

Abbreviated Plan Name:	Management-Labor Pension Fund Local 1730 I.L.A.
EIN:	13-6086163
PN:	001

Item number	Basis for Assumptions/Methods. For each Item, briefly describe the incremental change reflected in the SFA amount.	Change in SFA Amount (from prior Item number)	SFA Amount
1	Baseline	N/A	\$57,548,676
2	Change to Disability Incidence Assumption	\$120,596	\$57,669,272
3	Change to Exclusion of Inactive Vested Participant Assumption	\$903,495	\$58,572,767
4	N/A	N/A	N/A
5	N/A	N/A	N/A

NOTE: A sheet with Recon Details is not required for the last item number provided, since this information should be the same as provided in Template 4.

From Template 5.

Show details supporting the SFA amount on Sheet 6-2.

Show details supporting the SFA amount on Sheet 6-3.

Show details supporting the SFA amount on Sheet 6-4.

Show details supporting the SFA amount on Sheet 6-5.

Create additional rows as needed, and create additional detailed sheets by copying Sheet 6-5 and relabeling the header and the sheet name to be 6-6, 6-7, etc.

TEMPLATE 6 - Sheet 6-2

Item Description (From 6-1): Change to Disability Incidence Assumption

v20210723p

Reconciliation - Details

See Supplemental Instructions for Sheet 4-3 on Template 4 Instructions.

PLAN INFORMATION

Abbreviated Plan Name:	Management-Labor Pension Fund Local 1730 I.L.A.
EIN:	13-6086163
PN:	001
SFA Measurement Date:	06/30/2021
SFA Interest Rate:	4.00%

		PRESENT VALUE as of the SFA Measurement Date of Projected Amounts for:						
(1)	(2)	PV of (3)	PV of (4)	PV of (5)	PV of (6)	PV of (7)	PV of (8)	
Fair Market Value as of the SFA Measurement Date	SFA Amount as of the SFA Measurement Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments	Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses owed PBGC under 4261 of ERISA)	(1)+(2)+Sum of PV of (3) through PV of (8) [NOTE: This amount should be \$0]
\$395,023	\$57,669,272	\$3,000,881	\$0	\$0	(\$54,850,948)	(\$1,014,000)	(\$5,200,228)	\$0

Fair Market Value is equal to the cash balance as of the SFA Measurement Date reported by the Administrator

Show payments INTO the plan as positive, and payments OUT of the plan as negative, so that the sum of (1) through (9) equals (10).

Plan Year Start Date	Plan Year End Date	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
		Fair Market Value of Assets at Beginning of Plan Year	SFA Amount as of the SFA Measurement Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments	Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses owed PBGC under 4261 of ERISA)	Investment Income Based on SFA Interest Rate	Fair Market Value of Assets at End of Plan Year
07/01/2021	12/31/2021	\$395,023	\$57,669,272	\$84,488	\$0	\$0	-\$1,649,502	-\$1,014,000	-\$106,090	\$1,110,637	\$56,489,828
01/01/2022	12/31/2022	\$56,489,828		\$168,976	\$0	\$0	-\$3,293,146	\$0	-\$218,545	\$2,185,722	\$55,332,835
01/01/2023	12/31/2023	\$55,332,835		\$168,976	\$0	\$0	-\$3,375,570	\$0	-\$225,102	\$2,137,496	\$54,038,635
01/01/2024	12/31/2024	\$54,038,635		\$168,976	\$0	\$0	-\$3,384,669	\$0	-\$231,855	\$2,085,404	\$52,676,492
01/01/2025	12/31/2025	\$52,676,492		\$168,976	\$0	\$0	-\$3,350,264	\$0	-\$238,810	\$2,031,554	\$51,287,947
01/01/2026	12/31/2026	\$51,287,947		\$168,976	\$0	\$0	-\$3,341,155	\$0	-\$245,975	\$1,976,084	\$49,845,877
01/01/2027	12/31/2027	\$49,845,877		\$168,976	\$0	\$0	-\$3,415,877	\$0	-\$253,354	\$1,916,611	\$48,262,232
01/01/2028	12/31/2028	\$48,262,232		\$168,976	\$0	\$0	-\$3,420,000	\$0	-\$260,955	\$1,853,035	\$46,603,289
01/01/2029	12/31/2029	\$46,603,289		\$168,976	\$0	\$0	-\$3,421,706	\$0	-\$268,783	\$1,786,497	\$44,868,273
01/01/2030	12/31/2030	\$44,868,273		\$168,976	\$0	\$0	-\$3,385,962	\$0	-\$276,847	\$1,717,742	\$43,092,182
01/01/2031	12/31/2031	\$43,092,182		\$168,976	\$0	\$0	-\$3,325,775	\$0	-\$288,962	\$1,647,811	\$41,294,232
01/01/2032	12/31/2032	\$41,294,232		\$168,976	\$0	\$0	-\$3,377,919	\$0	-\$297,631	\$1,574,580	\$39,362,238
01/01/2033	12/31/2033	\$39,362,238		\$168,976	\$0	\$0	-\$3,353,080	\$0	-\$306,560	\$1,497,688	\$37,369,262
01/01/2034	12/31/2034	\$37,369,262		\$168,976	\$0	\$0	-\$3,312,524	\$0	-\$315,757	\$1,418,700	\$35,328,657
01/01/2035	12/31/2035	\$35,328,657		\$168,976	\$0	\$0	-\$3,297,307	\$0	-\$325,229	\$1,337,241	\$33,212,338
01/01/2036	12/31/2036	\$33,212,338		\$168,976	\$0	\$0	-\$3,247,851	\$0	-\$334,986	\$1,253,506	\$31,051,983
01/01/2037	12/31/2037	\$31,051,983		\$168,976	\$0	\$0	-\$3,214,845	\$0	-\$345,036	\$1,167,640	\$28,828,718
01/01/2038	12/31/2038	\$28,828,718		\$168,976	\$0	\$0	-\$3,111,443	\$0	-\$355,387	\$1,080,813	\$26,611,677
01/01/2039	12/31/2039	\$26,611,677		\$168,976	\$0	\$0	-\$3,022,911	\$0	-\$366,049	\$993,899	\$24,385,592
01/01/2040	12/31/2040	\$24,385,592		\$168,976	\$0	\$0	-\$2,947,544	\$0	-\$377,030	\$906,325	\$22,136,319
01/01/2041	12/31/2041	\$22,136,319		\$168,976	\$0	\$0	-\$2,848,709	\$0	-\$388,341	\$818,338	\$19,886,583
01/01/2042	12/31/2042	\$19,886,583		\$168,976	\$0	\$0	-\$2,733,901	\$0	-\$399,991	\$730,681	\$17,652,348
01/01/2043	12/31/2043	\$17,652,348		\$168,976	\$0	\$0	-\$2,602,748	\$0	-\$390,412	\$644,392	\$15,472,555
01/01/2044	12/31/2044	\$15,472,555		\$168,976	\$0	\$0	-\$2,478,648	\$0	-\$371,797	\$560,289	\$13,351,375
01/01/2045	12/31/2045	\$13,351,375		\$168,976	\$0	\$0	-\$2,375,767	\$0	-\$356,365	\$478,002	\$11,266,221
01/01/2046	12/31/2046	\$11,266,221		\$168,976	\$0	\$0	-\$2,261,853	\$0	-\$339,278	\$397,431	\$9,231,497
01/01/2047	12/31/2047	\$9,231,497		\$168,976	\$0	\$0	-\$2,135,046	\$0	-\$320,257	\$319,198	\$7,264,368
01/01/2048	12/31/2048	\$7,264,368		\$168,976	\$0	\$0	-\$2,009,280	\$0	-\$301,392	\$243,643	\$5,366,315
01/01/2049	12/31/2049	\$5,366,315		\$168,976	\$0	\$0	-\$1,897,441	\$0	-\$284,616	\$170,504	\$3,523,738
01/01/2050	12/31/2050	\$3,523,738		\$168,976	\$0	\$0	-\$1,792,515	\$0	-\$268,877	\$99,413	\$1,730,735
01/01/2051	12/31/2051	\$1,730,735		\$168,976	\$0	\$0	-\$1,678,471	\$0	-\$251,771	\$30,531	\$0



**TEMPLATE 6 - Sheet 6-4**  
**Reconciliation - Details**

Item Description (From 6-1):

v20210723p

See Supplemental Instructions for Sheet 4-3 on Template 4 Instructions.

**PLAN INFORMATION**

Abbreviated Plan Name:	
EIN:	
PN:	
SFA Measurement Date:	
SFA Interest Rate:	

PRESENT VALUE as of the SFA Measurement Date of Projected Amounts for:								
(1)	(2)	PV of (3)	PV of (4)	PV of (5)	PV of (6)	PV of (7)	PV of (8)	
Fair Market Value as of the SFA Measurement Date	SFA Amount as of the SFA Measurement Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments	Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	(1)+(2)+Sum of PV of (3) through PV of (8) [NOTE: This amount should be \$0]

Show payments INTO the plan as positive, and payments OUT of the plan as negative, so that the sum of (1) through (9) equals (10).

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)		
Plan Year Start Date	Plan Year End Date	Fair Market Value of Assets at Beginning of Plan Year	SFA Amount as of the SFA Measurement Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments	Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	Investment Income Based on SFA Interest Rate	Fair Market Value of Assets at End of Plan Year





## TEMPLATE 7

v20210706p

### 7a - Assumption Changes for SFA Eligibility

File name: *Template 7 Pension Plan Name*, where "Pension Plan Name" is an abbreviated version of the plan name.

#### Instructions for Section C, Item 7(a) of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance:

*Sheet 7a of Template 7 is not required if the plan is eligible for SFA under § 4262.3(a)(2) (MPRA suspensions) or § 4262.3(a)(4) (certain insolvent plans) of PBGC's special financial assistance regulation.*

*Sheet 7a of Template 7 is not required if the plan is eligible based on a certification of plan status completed before January 1, 2021.*

*Sheet 7a of Template 7 is not required if the plan is eligible based on a certification of plan status completed after December 31, 2020 but reflects the same assumptions as those in the pre-2021 certification of plan status.*

Provide a table identifying which assumptions used in determining the plan's eligibility for SFA differ from those used in the pre-2021 certification of plan status and brief explanations as to why using those assumptions is no longer reasonable and why the changed assumptions are reasonable.

This table should reflect all identified assumptions (including those that are included in the Baseline provided in Template 5) and should be an abbreviated version of information provided in Section D, Item 6(a) of the SFA filing instructions.

For example, if the mortality assumption used in the pre-2021 certification of plan status is the RP-2000 mortality table, and the plan proposes to change to the Pri-2012(BC) table, complete one line of the table as follows:

	(A)	(B)	(C)
Assumption That Has Changed From Assumption Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Brief description of assumption used in the most recent certification of plan status completed prior to 1/1/2021	Brief description of assumption used in showing the plan's eligibility for SFA (if different).	Brief explanation on why the assumption in (A) is no longer reasonable and why the assumption in (B) is reasonable.
Base Mortality Assumption	RP-2000 mortality table	Pri-2012(BC) mortality table	Prior assumption is outdated. New assumption reflects more recently published experience for blue collar workers.

Add one line for each assumption that has changed from the assumption used in the most recent certification of plan status completed prior to 1/1/2021.

Since this Template 7a is intended as an abbreviated version of more detailed information provided in Section D, Item 6(a) of the SFA filing instructions, it is not necessary to include full tables of rates at every age (e.g., for retirement, turnover, etc.). Instead, a high level description that focuses on what aspect of the assumption has changed is preferred.



## TEMPLATE 7

v20210706p

### 7b - Assumption Changes for SFA Amount

File name: *Template 7 Pension Plan Name*, where "Pension Plan Name" is an abbreviated version of the plan name.

#### Instructions for Section C, Item 7(b) of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance:

Provide a table identifying which assumption differ from those used in the pre-2021 certification of plan status (except the interest rate used in calculating the amount of SFA) and brief explanations as to why using those original assumptions is no longer reasonable and why the changed assumptions are reasonable.

Please state if the changed assumption is an extension of the CBU assumption or the administrative expenses assumption as described in Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions.

This table should identify all changed assumptions except for the interest rate (reflecting those that are included in the Baseline provided in Template 5) and should be an abbreviated version of information provided in Section D, Item 6(b) of the SFA filing instructions.

For example, if the mortality assumption used in the pre-2021 certification of plan status is the RP-2000 mortality table, and the plan proposes to change to the Pri-2012(BC) table, complete one line of the table as follows:

	(A)	(B)	(C)
Assumption That Has Changed From Assumption Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Brief description of assumption used in the most recent certification of plan status completed prior to 1/1/2021	Brief description of assumption used to determine the requested SFA amount (if different)	Brief explanation on why the assumption in (A) is no longer reasonable and why the assumption in (B) is reasonable.
Base Mortality Assumption	RP-2000 mortality table	Pri-2012(BC) mortality table	Original assumption is outdated. New assumption reflects more recently published experience for blue collar workers.

For example, assume the plan is projected to be insolvent in 2029 in the pre-2021 certification of plan status. The plan changes its CBU assumption by extending the assumption to the later projection years as described in Paragraph A, "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions. Complete one line of the table as follows:

	(A)	(B)	(C)
Assumption That Has Changed From Assumption Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Brief description of assumption used in the most recent certification of plan status completed prior to 1/1/2021	Brief description of assumption used to determine the requested SFA amount (if different)	Brief explanation on why the assumption in (A) is no longer reasonable and why the assumption in (B) is reasonable.
CBU Assumption	Decrease from most recent plan year's actual number of CBUs by 2% per year to 2028	Same number of CBUs for each projection year to 2028 as shown in (A), then constant CBUs for all years after 2028.	Original assumption does not address years after original projected insolvency in 2029. Proposed assumption uses acceptable extension methodology.

Add one line for each assumption that has changed from the assumption used in the most recent certification of plan status completed prior to 1/1/2021.

Since this Template 7b is intended as an abbreviated version of more detailed information provided in Section D, Item 6(b) of the SFA filing instructions, it is not necessary to include full tables of rates at every age (e.g., for retirement, turnover, etc.). Instead, a high level description that focuses on what aspect of the assumption has changed is preferred.

**Template 7 - Sheet 7b**

**Assumption Changes - SFA Amount**

**PLAN INFORMATION**

Abbreviated Plan Name:	Management-Labor Pension Fund Local 1730 I.L.A.	
EIN:	13-6086163	
PN:	001	

	A	B	C
Assumption That Has Changed From Assumption Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Brief description of assumption used in the most recent certification of plan status completed prior to 1/1/2021	Brief description of assumption used to determine the requested SFA amount (if different)	Brief explanation on why the assumption in (A) is no longer reasonable and why the assumption in (B) is reasonable.
CBUs	98,600 hours up to 2020, the projected year of insolvency	98,600 hours every year up to 2051	Original assumption does not address years after original projected insolvency in 2020. Proposed assumption uses acceptable extension methodology.
Administrative Expenses	Increases of 3% per year up to 2020, the projected year of insolvency	Increases of 3% per year up to 2051 with a cap of 15% of benefit payments in a plan year	Original assumption does not address years after original projected insolvency in 2020. Proposed assumption uses acceptable extension methodology.
Mortality	RP-2006 (BC) projected with Scale MP-2018	Pri-2012(BC) mortality table projected with Scale MP-2019	Original assumption is outdated. New assumption reflects more recently published experience for blue collar workers.
New Entrant Profile	No new entrants	Assumed distribution of new entrants based on the characteristics of new entrants and rehires to the plan in the five years preceding the most recently completed valuation date and age bands of five years	Original assumption is not reasonable for projected benefits to 2051. Proposed assumption uses acceptable methodology.
Disability Incidence	RRB table	None	Original assumption does not reflect past experience and elimination of Disability pension. New assumption is consistent with past experience.
Exclusion of Inactive Vested Participants	Inactive vested participants over the age of 70 are excluded	Include all inactive vested participants in the January 1, 2020 valuation data unless confirmed to be deceased or over age 85 as of the SFA measurement date.	Original assumption is not reasonable as it does not reflect efforts by the Administrator to locate participants over age 70 and was appropriate for short-term cash flow but not for cash flow over a 30-year period. New assumption is reasonable because it reflects efforts to locate these participants and is based on results of a death search.