

2008 Comprehensive Filings, Data Mapping for Sample XML files

No.	Filing Description	XML File Name
1	<p>Filing Type: Single-employer, exempt from VRP Plan Size: N/A, first time filing (new plan) Elements illustrated:</p> <ol style="list-style-type: none"> 1. Adoption date of plan year commencement date change 2. Premium Information <ol style="list-style-type: none"> a. Amount due 3. Miscellaneous Information <ol style="list-style-type: none"> a. Participation freeze date 	Comp_Sample_1
2	<p>Filing Type: Single-employer plan, not exempt from VRP Plan Size: Mid-size plan Elements illustrated:</p> <ol style="list-style-type: none"> 1. Foreign address for plan sponsor and plan administrator 2. Includes EIN/PN change 3. EIN/PN does not match the EIN/PN included on previous year's Form 5500 4. Claims disaster relief 5. Makes election to use the alternative premium funding target 6. VRP Information <ol style="list-style-type: none"> a. Premium funding target is an estimate b. Uses alternative premium funding target c. Uses full yield curve to determine premium funding target 7. Premium Information: <ol style="list-style-type: none"> a. Includes a credit amount and an overpayment; b. requests overpayment to be used as a credit next year 8. Miscellaneous Information <ol style="list-style-type: none"> a. Includes transfers to other plans b. Indicates this is a final filing due to merger/consolidation c. Indicates that pay and service benefit accruals are frozen for all participants 	Comp_Sample_2
3	<p>Filing Type: Single-employer plan, not exempt from VRP Plan Size: Mid-size plan Elements illustrated:</p> <ol style="list-style-type: none"> 1. VRP Information <p>Makes election to use the alternative premium funding target</p> <ol style="list-style-type: none"> a. Uses alternative premium funding target method b. Uses segment discount rates to determine premium funding target 2. Premium Information <ol style="list-style-type: none"> a. Premium is prorated due to short plan year b. Includes a credit, but the credit amount is less than the amount due 	Comp_Sample_3
4	<p>Filing Type: Single-employer plan, not exempt from VRP</p>	Comp_Sample_4

2008 Comprehensive Filings, Data Mapping for Sample XML files

No.	Filing Description	XML File Name
	<p>Plan Size: Large plan Elements Illustrated:</p> <ol style="list-style-type: none"> 1. VRP Information <ol style="list-style-type: none"> a. Plan qualifies for VRP cap; is reporting unfunded vested benefit information b. Uses standard premium funding target method c. Uses segment discount rates to determine premium funding target 2. Premium Information <ol style="list-style-type: none"> a. includes a credit amount and an overpayment; b. requests overpayment to be refunded via electronic funds transfer to a checking account 3. Miscellaneous Information <ol style="list-style-type: none"> a. Indicates this is a final filing due to distribution of the plan assets pursuant to termination b. Includes transfers from other plans c. Includes transfers to other plans d. Indicates that pay and service benefit accruals are frozen for some participants 	
5	<p>Filing Type: Single-employer plan, not exempt from VRP Plan Size: Small plan Elements Illustrated:</p> <ol style="list-style-type: none"> 1. Amended filing that: <ol style="list-style-type: none"> a. Includes an EIN/PN from the filing that's being amended (question 19b) b. Includes a plan year beginning and ending date from filing being amended (question 19c) c. Includes a reason the amended filing was necessary (19c) 2. VRP Information <ol style="list-style-type: none"> a. Plan qualifies for VRP cap and is paying the capped VRP amount without reporting unfunded vested benefit information 3. Premium Information <ol style="list-style-type: none"> a. includes a credit amount and an overpayment; b. requests overpayment to be refunded via a check mailed to plan administrator 4. Miscellaneous Information <ol style="list-style-type: none"> a. Indicates this is a final filing due to trusteeship b. Indicates that service benefit accruals are frozen for all participants 	Comp_Sample_5

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No.	Filing Description	XML File Name
6	<p>Filing Type: Multiemployer plan Plan Size: N/A, First time filing (new plan) Elements Illustrated:</p> <ol style="list-style-type: none"> 1. Premium Information <ol style="list-style-type: none"> a. Premium is prorated due to short plan year 2. Miscellaneous Information <ol style="list-style-type: none"> a. Indicates that benefit accruals are frozen and provides an explanation for the nature of the accrual freeze 	Comp_Sample_6
7	<p>Filing Type: Multiemployer plan Plan Size: Small plan Elements Illustrated:</p> <ol style="list-style-type: none"> 1. Amended filing 2. Claims disaster relief 3. Includes EIN/PN change 4. EIN/PN does not match the EIN/PN included on previous year's Form 5500 5. Includes adoption date of plan year commencement date change 6. Premium Information <ol style="list-style-type: none"> a. Includes a credit amount and an overpayment; b. requests overpayment to be refunded via electronic funds transfer to a savings account 7. Miscellaneous Information <ol style="list-style-type: none"> a. Indicates this is a final filing due to cessation of coverage status b. Indicates that service benefit accruals are frozen for some participants 	Comp_Sample_7

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Samples 1, 2, and 3

Form Element	Comp_Sample_1.xml	Comp_Sample_2.xml	Comp_Sample_3.xml	Schema Element
Unnumbered - Amended Filing checkbox				FilingData/FinalFilingData/AmendedFiling
unnumbered - Disaster Relief (enter code)		08-09		FilingData/FinalFilingData/DisasterRelief/Yes/DisasterReliefText
1 - Plan Sponsor Information (name and address details)	John Doe 100 Main Street Suite 100 Statesville, NC 12345-1234	John Doe 304 Ester Avenue Toronto, ON CA, M2N 5H6	Company of New York 100 Park Avenue New York, NY 12345	Submission/Envelope/PlanData/Sponsor (See schema for detailed nodes)
1h – Six digit Business Code	111100	111100	111100	FilingData/FinalFilingData/IndustryCode
1i - First six digits of CUSIP number	123456	123456	123456	FilingData/FinalFilingData/CUSIP
2 - Plan Administrator Information (name and address detail)	Board of Trustees for ABC Plan 304 Park Drive Fairfax, VA 54321	Board of Trustees for ABC Plan 1205 Shaunseve Dr. Halifax, NS B3M 3N3	New York Trustees 100 Park Avenue New York, NY 12345	Submission/Envelope/PlanData/Administrator
3a - Plan Name	Pension Plan for ABC Company	Company's Pension Plan for Salaried Employees	New York Company's Pension Plan	Submission/Envelope/PlanData/PlanName
3b1 - This filing is for the premium payment year commencing and ending	2008-06-15 2009-06-14	2008-01-01 2008-12-31	2008-08-01 2008-12-31	Submission/Envelope/PlanData/PlanYearBeginDate Submission/Envelope/PlanData/PlanYearEndDate
3b2 - If the plan year commencement date has changed since the most recent PBGC filing as a result of a plan amendment changing the plan year, enter the date the plan year change was adopted	2008-01-01			Submission/Envelope/PlanData/PlanYearDateChange/Yes/PYCC hangeDate
3b3 – Check box if plan qualifies to pay a prorated premium for this premium payment year (i.e., if plan has less than a full year of coverage).			Checked	FilingData/Proration (the checked box itself is not captured as an element in the schema, the presence of the proration node indicates that it is applicable. When present, the number of months and premium before proration are required)

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Samples 1, 2, and 3

Form Element	Comp_Sample_1.xml	Comp_Sample_2.xml	Comp_Sample_3.xml	Schema Element
3c1 - Employer Identification Number and Plan Number information. EIN, PN	00-1111111 001	33-2233442 999	33-2233442 999	Submission/Envelope/PlanData/EIN Submission/Envelope/PlanData/PN
3c2 - If the EIN and PN are not both the same as on the most recent premium filing, enter EIN and PN from most recent premium filing:		99-1234567 123		Submission/Envelope/PlanData/PreviousEIN Submission/Envelope/PlanData/PreviousPN
3c3 - If the EIN and PN are not both the same as on the 2007 Form 5500, enter EIN and PN from 2007 Form 5500 and provide explanation:		EIN/PN: 99-1234567/123 Explanation: EIN/PN was changed after the 2007 Form 5500 was submitted		FilingData/FinalFilingData/EINPNMatch5500/No/Previous5500EIN FilingData/FinalFilingData/EINPNMatch5500/No/Previous5500PN FilingData/FinalFilingData/EINPNMatch5500/No/EINPNExplanation
3d - Plan Type	Single-employer	Single-employer	Single-employer	FilingData/FinalFilingData/FilingPlanType/SingleEmployer or FilingData/FinalFilingData/FilingPlanType/MultiEmployer (presence of the node identifies the type)
3e - Plan size (based on prior year participant count): _Small (fewer than 100) _Mid-size (100-499) _Large (500 or more) _N/A; first year's filing	N/A; first year's filing	Mid-size	Mid-size	Submission/Envelope/PlanData/PlanSize/SmallPlanSize Submission/Envelope/PlanData/PlanSize/MidSizePlanSize Submission/Envelope/PlanData/PlanSize/LargePlanSize Submission/Envelope/PlanData/PlanSize/PlanSizeNAFirstYearsFiling
4 - Plan Contact (name and contact)	Stan Newcombe 111-111-1111 x 2344 plancontact@abc.com	Jack Jones 333-333-3333 plancontact@abc.com	Jack Jones 333-333-3333 plancontact@abc.com	Submission/Envelope/PlanData/PlanContact

2008 Comprehensive Filings, Data Mapping for Sample XML files
Samples 1, 2, and 3

Form Element	Comp_Sample_1.xml	Comp_Sample_2.xml	Comp_Sample_3.xml	Schema Element
5 - Check box to indicate that the plan is electing to use the alternative premium funding target instead of the standard premium funding target, effective beginning with this premium payment year and for all subsequent premium years unless and until it is subsequently revoked.		Checked	Checked	Submission/Envelope/PlanData/ElectsALTPremFundTarget
6a - Participant count date	2007-06-14	2007-12-31	2007-12-31	FilingData/FinalFilingData/ParticipantCountDate
6b2 - Participant count as of participant count date	1000	1000	350	FilingData/FinalFilingData/ParticipantCount
6b3 - Flat-rate premium (item 6b(1) x item 6b(2)) For Single-employer Plans	33000	33000	11,550	FilingData/FinalFilingData/FilingPlanType/SingleEmployer/SingleEmployerPremium/FlatRatePremium
6b3 - Flat-rate premium (item 6b(1) x item 6b(2)) For multiemployer plans				If proration is not applicable: FilingData/FinalFilingData/FilingPlanType/MultiEmployer/MultiEmployerPremium If proration is applicable: this value is only captured as Premium Before Proration (FilingData/Proration/PremiumBeforeProration)
7a - Variable Rate Premium – Exemptions - No vested participants				FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/Exempt/NoVestedParticipants
7a - Variable Rate Premium – Exemptions -412(e) (3) plan				FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/Exempt/Is412iPlan
7a - Variable Rate Premium – Exemptions - Standard termination with a proposed termination date of	Standard termination with termination date of 2008-05-01			FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/Exempt/StandardTermination/StandardTerminationDate

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Form Element	Comp_Sample_1.xml	Comp_Sample_2.xml	Comp_Sample_3.xml	Schema Element
7b - VRP cap qualification — If this plan qualifies for the VRP cap applicable to certain plans of small employers (those with 25 or fewer employees), check box				FilingData/FinalFilingData/FilingPlanType/SingleEmployer/Variab leRatePremiumData/NonExempt/ClaimSmallEmpVRPCap
7c -UVB Valuation date		2007-12-31	2007-12-31	FilingData/FinalFilingData/FilingPlanType/SingleEmployer/Variab leRatePremiumData/NonExempt/ComprehensiveVRP/UVBValuati onDate
7d - Premium funding target information — Check box if the reported premium funding target information is an estimate.		Checked		FilingData/FinalFilingData/FilingPlanType/SingleEmployer/Variab leRatePremiumData/NonExempt/ComprehensiveVRP/IsEstPrem FundTarget
7d1 - Premium funding target method: Standard or Alternative		Alternative	Alternative	FilingData/FinalFilingData/FilingPlanType/SingleEmployer/Variab leRatePremiumData/NonExempt/ComprehensiveVRP/STDPremF undTargMethod FilingData/FinalFilingData/FilingPlanType/SingleEmployer/Variab leRatePremiumData/NonExempt/ComprehensiveVRP/ALTPremF undTargMethod
7d2 - Discount rate(s) 1st segment ____% 2nd segment ____% 3rd segment ____%			6.09 5.99 5.12	FilingData/FinalFilingData/FilingPlanType/SingleEmployer/Variab leRatePremiumData/NonExempt/ComprehensiveVRP/DISCRateS egment1 FilingData/FinalFilingData/FilingPlanType/SingleEmployer/Variab leRatePremiumData/NonExempt/ComprehensiveVRP/DISCRateS egment2 FilingData/FinalFilingData/FilingPlanType/SingleEmployer/Variab leRatePremiumData/NonExempt/ComprehensiveVRP/DISCRateS egment3
7d2 - Discount Rates - _N/A, full yield curve used		N/A, full yield curve used		FilingData/FinalFilingData/FilingPlanType/SingleEmployer/Variab leRatePremiumData/NonExempt/ComprehensiveVRP/FullYieldCu rveUsed
7d3 - Premium funding target as of UVB valuation date		25,865,331	673,098	FilingData/FinalFilingData/FilingPlanType/SingleEmployer/Variab leRatePremiumData/NonExempt/ComprehensiveVRP/PremFund TargAsOfUVBDate
7e - Market value of assets as of UVB valuation date		20,945,223	309,887	FilingData/FinalFilingData/FilingPlanType/SingleEmployer/Variab leRatePremiumData/NonExempt/ComprehensiveVRP/MktValueA ssetsAsOfUVBDate

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Form Element	Comp_Sample_1.xml	Comp_Sample_2.xml	Comp_Sample_3.xml	Schema Element
7f - Unfunded vested benefits (excess, if any, of item 7d(3) over item 7e, rounded up to the next \$1,000)		4,921,000	364,000	FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/AdjustedUnfundedVestedBenefits
7g1 - Variable-rate premium calculation <i>If the plan does not qualify for the VRP cap, omit the following two items and skip to item 7g(3).</i> (1) Variable-rate premium before reflecting the cap (item 7f x 0.009)				FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/ClaimSmallEmpVRPCap/VRPBeforeCap
7g2 - Variable-rate premium calculation <i>If the plan does not qualify for the VRP cap, omit the following two items and skip to item 7g(3).</i> Maximum VRP (\$5 x item 6b(2) x item 6b(2))				FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/ClaimSmallEmpVRPCap/MaximumVRP
7g3 - Variable-rate premium If the plan does not qualify for the VRP cap, item 7f x 0.009. If the plan qualifies for the VRP cap, the lesser of item 7g(1) and 7g(2) or, if item 7g(1) was omitted, item 7g(2).		44,289	3,276	FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/VariableRatePremiumPortion
8a – Premium proration (<i>If the plan does not qualify for premium proration, skip to item 9</i>) Number of months (complete and partial) in the short plan year			5	FilingData/Proration/ProrationMonths

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Form Element	Comp_Sample_1.xml	Comp_Sample_2.xml	Comp_Sample_3.xml	Schema Element
8b – Total premium before reflecting proration (item 6b(3) + item 7g(3), if applicable)			14,826	FilingData/Proration/PremiumBeforeProration
9 – Total premium If the plan does not qualify for premium proration, item 6b(3) + item 7g(3), if applicable If the plan qualifies for premium proration, item 8b x item 8a ÷ 12. For single-employer plans	33000	77289	6,177.50	FilingData/FinalFilingData/FilingPlanType/SingleEmployer/SingleEmployerPremium/TotalPremium
9 – Total premium If the plan does not qualify for premium proration, item 6b(3) + item 7g(3), if applicable If the plan qualifies for premium proration, item 8b x item 8a ÷ 12. For multiemployer plans				FilingData/FinalFilingData/FilingPlanType/MultiEmployer/MultiEmployerPremium
10 - Premium credit (including any payments already made for this premium payment year and any overpayment from prior plan year unless refund was requested)		80000	1000	FilingData/FinalFilingData/PremiumData/PremiumCredits
11 - Amount due (excess, if any, of item 9 over item 10)	33000	0	5,177.50	FilingData/FinalFilingData/PremiumData/NetAmountDue
12 - Treatment of overpayment Excess , if any, of item 10 over item 9		2711		FilingData/FinalFilingData/OverPaymentAmount/OverPaymentAmount
12 - Treatment of overpayment Treatment of balance (select one): _ Credit towards next year's premium		Credit toward's next year's premium		FilingData/FinalFilingData/OverPaymentAmount/CreditNextYearPremium

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Samples 1, 2, and 3

Form Element	Comp_Sample_1.xml	Comp_Sample_2.xml	Comp_Sample_3.xml	Schema Element
12 - Treatment of overpayment Treatment of balance (select one): _ Refund by check _ Refund by electronic funds transfer (preferred refund option)				FilingData/FinalFilingData/OverPaymentAmount/Refund/MailedCheck FilingData/FinalFilingData/OverPaymentAmount/Refund/EFT
12 - Treatment of overpayment If you select a refund by electronic funds transfer, complete the following information: Type of account Account number Sub-account number (if any)				FilingData/FinalFilingData/OverPaymentAmount/Refund/EFT/AccountType/CheckingAccount FilingData/FinalFilingData/OverPaymentAmount/Refund/EFT/AccountType/SavingsAccount FilingData/FinalFilingData/OverPaymentAmount/Refund/EFT/BankRoutingNumber FilingData/FinalFilingData/OverPaymentAmount/Refund/EFT/AccountNumber FilingData/FinalFilingData/OverPaymentAmount/SubAccountNumber
13 - Final filing - If this is the last filing for this plan, enter the date of event		2008-02-15		FilingData/FinalFilingData/FinalFilingEvent/FinalFilingEventDate
13 - Final filing - and check box that that best describes why filing obligation is ceasing: _Merger/Consolidation _Trusteeship _Distribution pursuant to termination _Cessation of covered status		Merger/Consolidation		FilingData/FinalFilingData/FinalFilingEvent/MergerConsolidationFinalFilingEvent.TrusteeshipFilingData/FinalFilingData/FinalFilingEvent/Trusteeship FilingData/FinalFilingData/FinalFilingEvent/DSTRBNPursuantToTermination FilingData/FinalFilingData/FinalFilingEvent/CessationOfCoveredStatus
14 - New and newly covered plans — If this filing is for a new plan or a newly-covered plan, report the plan effective date, the adoption date and the plan coverage date				FilingData/FinalFilingData/FirstPlanFiling/Yes/PlanEffectiveDate FilingData/FinalFilingData/FirstPlanFiling/Yes/PlanAdoptionDate FilingData/FinalFilingData/FirstPlanFiling/Yes/PlanCoverageDate

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Samples 1, 2, and 3

Form Element	Comp_Sample_1.xml	Comp_Sample_2.xml	Comp_Sample_3.xml	Schema Element
<p>15 - Transfers from other plans — If another plan transferred assets or liabilities to this plan since the most recent comprehensive premium filing, provide the following information with respect to each plan from which assets or liabilities were transferred (if transfer involved a new or newly-covered plan, see instructions). EIN, PN, Date of transfer</p>				<p>Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferredEIN</p> <p>Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferredPN</p> <p>Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferDate</p>
<p>15 - Transfers from other plans —Type of transfer: _Merger _Consolidation _Spinoff _Other</p>				<p>Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferReason/Merger</p> <p>Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferReason/ Consolidation</p> <p>Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferReason/SpinOff</p> <p>Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferReason/ Other</p>
<p>16 - Transfers to other plans — If this plan transferred assets or liabilities to another plan since the most recent comprehensive premium filing, provide the following information with respect to each plan to which the assets or liabilities were transferred (if transfer involved a new or newly-covered plan, see instructions). EIN, PN , Date of transfer</p>		<p>Ein/pn: 22-6655443/334 Date: 2008-02-01</p>		<p>Submission/Envelope/PlanData/TransfersTo/TransferredToEIN</p> <p>Submission/Envelope/PlanData/TransfersTo/TransferredToPN</p> <p>Submission/Envelope/PlanData/TransfersTo/TransferToDate</p>
<p>16 - Transfers to other plans —Type of transfer: _ Merger _ Consolidation _ Spinoff _ Other</p>		<p>Reason: Merger</p>		<p>Submission/Envelope/PlanData/TransfersTo/TransferToReason/Merger</p> <p>Submission/Envelope/PlanData/TransfersTo/TransferToReason/ Consolidation</p> <p>Submission/Envelope/PlanData/TransfersTo/TransferToReason/ SpinOff</p> <p>Submission/Envelope/PlanData/TransfersTo/TransferToReason/ Other</p>

2008 Comprehensive Filings, Data Mapping for Sample XML files
Samples 1, 2, and 3

Form Element	Comp_Sample_1.xml	Comp_Sample_2.xml	Comp_Sample_3.xml	Schema Element
17 - Participation freeze — If, as of the beginning of the premium payment year, this plan is closed to new entrants, enter the date the plan became closed to new entrants	2008-06-15			FilingData/FinalFilingData/ParticipationFreeze
18 - Accrual freeze — If, as of the beginning of the premium payment year, benefit accruals under this plan are partially or totally frozen, enter the date the freeze became effective		2008-01-31		FilingData/FinalFilingData/AccrualFreeze/AccrualFreezeDate
18 - Accrual freeze - and check box that best describes the nature of the freeze: _ For all participants, both pay and service are frozen _ For some participants, both pay and service are frozen _ For all participants, service is frozen, pay is not _ For some participants, service is frozen, pay is not _Other (enter explanation) _		For all participants, both pay and service are frozen		FilingData/FinalFilingData/AccrualFreeze/AllPRTCPTPayServiceFrozen FilingData/FinalFilingData/AccrualFreeze/SomePRTCPTPayServiceFrozen FilingData/FinalFilingData/AccrualFreeze/AllPRTCPTServiceFrozen FilingData/FinalFilingData/AccrualFreeze/SomePRTCPTServiceFrozen FilingData/FinalFilingData/AccrualFreeze/OtherExplanation
19A – Amended filing — Complete this item only if this is an amended filing a If either the first or last day of the premium payment year reported in this amended filing (item 3b(1)) differs from what was reported in the filing that is being amended, provide the dates that were reported in the original filing: Date premium payment year commenced, Date premium payment year ended				FilingData/AmendedFilingOrigPlanYear/OriginalPYC FilingData/AmendedFilingOrigPlanYear/OriginalPYE

2008 Comprehensive Filings, Data Mapping for Sample XML files
Samples 1, 2, and 3

Form Element	Comp_Sample_1.xml	Comp_Sample_2.xml	Comp_Sample_3.xml	Schema Element
19B – If the EIN and PN reported in this amended filing (item 3c(1)) are not both the same as what was reported in the filing that is being amended, enter the EIN and PN from the original filing:				FilingData/AmendedFilingOrigEINPN/OriginalEIN FilingData.FilingData/AmendedFilingOrigEINPN/OriginalPN
19c - If the reason for amending the filing is other than reconciling an estimated Variable-rate Premium and the total premium reported in this amended filing (item 9) is less than the amount reported in the filing that is being amended provide an explanation of why an amended filing is necessary:				FilingData/FinalFilingData/AmendedLessPremExplanation
21 - Certification of Plan Administrator — The plan administrator must sign and complete this item. Name and contact information for Plan Admin who signs	Susan Smith 801-444-0909 ssmith@abc.com	Susan Smith 801-444-0909 ssmith@abc.com		FilingData/PlanAdminCertification/Name FilingData/PlanAdminCertification/PhoneNumber FilingData/PlanAdminCertification/PhoneNumberExtension FilingData/PlanAdminCertification/EmailAddress
21 - Certification of Plan Administrator Signature with Date				FilingData/PlanAdminSignDate * * Although this node exists in the schema for future use, PBGC currently only uses e-signature information generated by the My PAA application, so a plan admin sign date included in a vendor filing is not used.

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Form Element	Comp_Sample_1.xml	Comp_Sample_2.xml	Comp_Sample_3.xml	Schema Element
22 - Certification of Enrolled Actuary — An enrolled actuary must sign and complete this item unless the plan is a multiemployer plan, is exempt from the variable-rate premium, or is eligible for and paying the maximum VRP and not reporting the uncapped VRP. Name and contact information for Actuary who signs		Marlene Bedford ABC Actuarial Services 202-555-9000 mbedford@abc.com		FilingData/FinalFilingData/FilingPlanType/SingleEmployer/ActuaryInformation/Actuary/Name FilingData/FinalFilingData/FilingPlanType/SingleEmployer/ActuaryInformation/Actuary/Firm FilingData/FinalFilingData/FilingPlanType/SingleEmployer/ActuaryInformation/Actuary/PhoneNumber FilingData/FinalFilingData/FilingPlanType/SingleEmployer/ActuaryInformation/Actuary/PhoneNumberExtension FilingData/FinalFilingData/FilingPlanType/SingleEmployer/ActuaryInformation/Actuary/EmailAddress
22 - Certification of Enrolled Actuary Enrollment Number		123456		FilingData/FinalFilingData/FilingPlanType/SingleEmployer/ActuaryInformation/EnrollmentNumber
22 - Certification of Enrolled Actuary Signature with Date				FilingData/ActuarySignDate * * Although this node exists in the schema for future use, PBGC currently only uses e-signature information generated by the My PAA application, so a plan admin sign date included in a vendor filing is not used.

2008 Comprehensive Filings, Data Mapping for Sample XML files
Samples 4 and 5

Form Element	Comp_Sample_4.xml	Comp_Sample_5.xml	Schema Element
Unnumbered - Amended Filing checkbox		Checked	FilingData/FinalFilingData/AmendedFiling
unnumbered - Disaster Relief (enter code)			FilingData/FinalFilingData/DisasterRelief/Yes/DisasterReliefText
1 - Plan Sponsor Information (name and address details)	Company of New York 100 Park Avenue New York, NY 12345	Company of New York 100 Park Avenue New York, NY 12345	Submission/Envelope/PlanData/Sponsor (See schema for detailed nodes)
1h – Six digit Business Code	111100	111100	FilingData/FinalFilingData/IndustryCode
1i - First six digits of CUSIP number	123456	123456	FilingData/FinalFilingData/CUSIP
2 - Plan Administrator Information (name and address detail)	New York Trustees 100 Park Avenue New York, NY 12345	New York Trustees 100 Park Avenue New York, NY 12345	Submission/Envelope/PlanData/Administrator
3a - Plan Name	New York Company's Pension Plan	New York Company's Pension Plan	Submission/Envelope/PlanData/PlanName
3b1 - This filing is for the premium payment year commencing and ending	2008-01-01 2008-12-31	2008-01-01 2008-12-31	Submission/Envelope/PlanData/PlanYearBeginDate Submission/Envelope/PlanData/PlanYearEndDate
3b2 - If the plan year commencement date has changed since the most recent PBGC filing as a result of a plan amendment changing the plan year, enter the date the plan year change was adopted			Submission/Envelope/PlanData/PlanYearDateChange/Yes/PYCChangeDate
3b3 – Check box if plan qualifies to pay a prorated premium for this premium payment year (i.e., if plan has less than a full year of coverage).			FilingData/Proration (the checked box itself is not captured as an element in the schema, the presence of the proration node indicates that it is applicable. When present, the number of months and premium before proration are required)
3c1 - Employer Identification Number and Plan Number information. EIN, PN	33-2233442 999	33-2233442 999	Submission/Envelope/PlanData/EIN Submission/Envelope/PlanData/PN

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Samples 4 and 5

Form Element	Comp_Sample_4.xml	Comp_Sample_5.xml	Schema Element
3c2 - If the EIN and PN are not both the same as on the most recent premium filing, enter EIN and PN from most recent premium filing:			Submission/Envelope/PlanData/PreviousEIN Submission/Envelope/PlanData/PreviousPN
3c3 - If the EIN and PN are not both the same as on the 2007 Form 5500, enter EIN and PN from 2007 Form 5500 and provide explanation:			FilingData/FinalFilingData/EINPNMatch5500/No/Previous5500EIN FilingData/FinalFilingData/EINPNMatch5500/No/Previous5500PN FilingData/FinalFilingData/EINPNMatch5500/No/EINPNExplanation
3d - Plan Type	Single-employer	Single-employer	FilingData/FinalFilingData/FilingPlanType/SingleEmployer or FilingData/FinalFilingData/FilingPlanType/MultiEmployer (presence of the node identifies the type)
3e - Plan size (based on prior year participant count): _Small (fewer than 100) _Mid-size (100-499) _Large (500 or more) _N/A; first year's filing	Large	Small	Submission/Envelope/PlanData/PlanSize/SmallPlanSize Submission/Envelope/PlanData/PlanSize/MidSizePlanSize Submission/Envelope/PlanData/PlanSize/LargePlanSize Submission/Envelope/PlanData/PlanSize/PlanSizeNAFirstYearsFiling
4 - Plan Contact (name and contact)	Jack Jones 333-333-3333 plancontact@abc.com	Jack Jones 333-333-3333 plancontact@abc.com	Submission/Envelope/PlanData/PlanContact
5 - Check box to indicate that the plan is electing to use the alternative premium funding target instead of the standard premium funding target, effective beginning with this premium payment year and for all subsequent premium years unless and until it is subsequently revoked.			Submission/Envelope/PlanData/ElectsALTPremFundTarget
6a - Participant count date	2007-12-31	2007-12-31	FilingData/FinalFilingData/ParticipantCountDate
6b2 - Participant count as of participant count date	1,000	10	FilingData/FinalFilingData/ParticipantCount

2008 Comprehensive Filings, Data Mapping for Sample XML files
Samples 4 and 5

Form Element	Comp_Sample_4.xml	Comp_Sample_5.xml	Schema Element
6b3 - Flat-rate premium (item 6b(1) x item 6b(2)) For Single-employer Plans	33,000	330	FilingData/FinalFilingData/FilingPlanType/SingleEmployer/SingleEmployerPremium/FlatRatePremium
6b3 - Flat-rate premium (item 6b(1) x item 6b(2)) For multiemployer plans			If proration is not applicable: FilingData/FinalFilingData/FilingPlanType/MultiEmployer/MultiEmployerPremium If proration is applicable: this value is only captured as Premium Before Proration (FilingData/Proration/PremiumBeforeProration)
7a - Variable Rate Premium – Exemptions - No vested participants			FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/Exempt/NoVestedParticipants
7a - Variable Rate Premium – Exemptions -412(e)(3) plan			FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/Exempt/Is412iPlan
7a - Variable Rate Premium – Exemptions - Standard termination with a proposed termination date of			FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/Exempt/StandardTermination/StandardTerminationDate
7b - VRP cap qualification — If this plan qualifies for the VRP cap applicable to certain plans of small employers (those with 25 or fewer employees), check box	Checked	Checked	FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/ClaimSmallEmpVRPCap
7c -UVB Valuation date	2007-12-31		FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/ComprehensiveVRP/UVBValuationDate
7d - Premium funding target information — _ Check box if the reported premium funding target information is an estimate.			FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/ComprehensiveVRP/IsEstPremFundTarget
7d1 - Premium funding target method: Standard or Alternative	Standard		FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/ComprehensiveVRP/STDPremFundTargMethod FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/ComprehensiveVRP/ALTPremFundTargMethod

2008 Comprehensive Filings, Data Mapping for Sample XML files
Samples 4 and 5

Form Element	Comp_Sample_4.xml	Comp_Sample_5.xml	Schema Element
7d2 - Discount rate(s) 1st segment ____% 2nd segment ____% 3rd segment ____%	6.09 5.99 5.12		FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/ComprehensiveVRP/DISCRateSegment1 FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/ComprehensiveVRP/DISCRateSegment2 FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/ComprehensiveVRP/DISCRateSegment3
7d2 - Discount Rates - _N/A, full yield curve used			FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/ComprehensiveVRP/FullYieldCurveUsed
7d3 - Premium funding target as of UVB valuation date	673,098		FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/ComprehensiveVRP/PremFundTargAsOfUVBDate
7e - Market value of assets as of UVB valuation date	309,887		FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/ComprehensiveVRP/MktValueAssetsAsOfUVBDate
7f - Unfunded vested benefits (excess, if any, of item 7d(3) over item 7e, rounded up to the next \$1,000)	364,000		FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/AdjustedUnfundedVestedBenefits
7g1 - Variable-rate premium calculation <i>If the plan does not qualify for the VRP cap, omit the following two items and skip to item 7g(3).</i> (1) Variable-rate premium before reflecting the cap (item 7f x 0.009)	3,276		FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/ClaimSmallEmpVRPCap/VRPBeforeCap
7g2 - Variable-rate premium calculation <i>If the plan does not qualify for the VRP cap, omit the following two items and skip to item 7g(3).</i> Maximum VRP (\$5 x item 6b(2) x item 6b(2))	1,000,000	500	FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/ClaimSmallEmpVRPCap/MaximumVRP

2008 Comprehensive Filings, Data Mapping for Sample XML files
Samples 4 and 5

Form Element	Comp_Sample_4.xml	Comp_Sample_5.xml	Schema Element
7g3 - Variable-rate premium If the plan does not qualify for the VRP cap, item 7f x 0.009. If the plan qualifies for the VRP cap, the lesser of item 7g(1) and 7g(2) or, if item 7g(1) was omitted, item 7g(2).	3,276	500	FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/VariableRatePremiumPortion
8a – Premium proration <i>(If the plan does not qualify for premium proration, skip to item 9)</i> Number of months (complete and partial) in the short plan year			FilingData/Proration/ProrationMonths
8b – Total premium before reflecting proration (item 6b(3) + item 7g(3), if applicable)			FilingData/Proration/PremiumBeforeProration
9 – Total premium If the plan does not qualify for premium proration, item 6b(3) + item 7g(3), if applicable If the plan qualifies for premium proration, item 8b x item 8a ÷ 12. For single-employer plans	36,276	830	FilingData/FinalFilingData/FilingPlanType/SingleEmployer/SingleEmployerPremium/TotalPremium
9 – Total premium If the plan does not qualify for premium proration, item 6b(3) + item 7g(3), if applicable If the plan qualifies for premium proration, item 8b x item 8a ÷ 12. For multiemployer plans			FilingData/FinalFilingData/FilingPlanType/MultiEmployer/MultiEmployerPremium
10 - Premium credit (including any payments already made for this premium payment year and any overpayment from prior plan year unless refund was requested)	40,000	1,254	FilingData/FinalFilingData/PremiumData/PremiumCredits
11 - Amount due (excess, if any, of item 9 over item 10)	0	0	FilingData/FinalFilingData/PremiumData/NetAmountDue

2008 Comprehensive Filings, Data Mapping for Sample XML files
Samples 4 and 5

Form Element	Comp_Sample_4.xml	Comp_Sample_5.xml	Schema Element
12 - Treatment of overpayment Excess , if any, of item 10 over item 9	3724	424	FilingData/FinalFilingData/OverPaymentAmount/OverPaymentAmount
12 - Treatment of overpayment Treatment of balance (select one): _ Credit towards next year's premium			FilingData/FinalFilingData/OverPaymentAmount/CreditNextYearPremium
12 - Treatment of overpayment Treatment of balance (select one): _ Refund by check _ Refund by electronic funds transfer (preferred refund option)	EFT	Refund by Check	FilingData/FinalFilingData/OverPaymentAmount/Refund/MailedCheck FilingData/FinalFilingData/OverPaymentAmount/Refund/EFT
12 - Treatment of overpayment If you select a refund by electronic funds transfer, complete the following information: Type of account Account number Sub-account number (if any)	Checking Account Bank routing 789456124 Acct # 23433 SubAcct # 3334		FilingData/FinalFilingData/OverPaymentAmount/Refund/EFT/AccountType/CheckingAccount FilingData/FinalFilingData/OverPaymentAmount/Refund/EFT/AccountType/SavingsAccount FilingData/FinalFilingData/OverPaymentAmount/Refund/EFT/BankRoutingNumber FilingData/FinalFilingData/OverPaymentAmount/Refund/EFT/AccountNumber FilingData/FinalFilingData/OverPaymentAmount/SubAccountNumber
13 - Final filing - If this is the last filing for this plan, enter the date of event	2008-02-15	2008-02-15	FilingData/FinalFilingData/FinalFilingEvent/FinalFilingEventDate
13 - Final filing - and check box that that best describes why filing obligation is ceasing: _Merger/Consolidation _Trusteeship _Distribution pursuant to termination _Cessation of covered status	Distribution pursuant to termination	Trusteeship	FilingData/FinalFilingData/FinalFilingEvent/MergerConsolidation FinalFilingEvent.TrusteeshipFilingData/FinalFilingData/FinalFilingEvent/Trusteeship FilingData/FinalFilingData/FinalFilingEvent/DSTRBNPursuantToTermination FilingData/FinalFilingData/FinalFilingEvent/CessationOfCoveredStatus
14 - New and newly covered plans — If this filing is for a new plan or a newly-covered plan, report the plan effective date , the adoption date and the plan coverage date			FilingData/FinalFilingData/FirstPlanFiling/Yes/PlanEffectiveDate FilingData/FinalFilingData/FirstPlanFiling/Yes/PlanAdoptionDate FilingData/FinalFilingData/FirstPlanFiling/Yes/PlanCoverageDate

2008 Comprehensive Filings, Data Mapping for Sample XML files
Samples 4 and 5

Form Element	Comp_Sample_4.xml	Comp_Sample_5.xml	Schema Element
15 - Transfers from other plans — If another plan transferred assets or liabilities to this plan since the most recent comprehensive premium filing, provide the following information with respect to each plan from which assets or liabilities were transferred (if transfer involved a new or newly-covered plan, see instructions). EIN, PN, Date of transfer	779988777/ 777 Date: 2008-02-01		Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferredEIN Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferredPN Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferDate
15 - Transfers from other plans — Type of transfer: _Merger _Consolidation _Spinoff _Other	Other		Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferReason/Merger Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferReason/Consolidation Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferReason/SpinOff Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferReason/ Other
16 - Transfers to other plans — If this plan transferred assets or liabilities to another plan since the most recent comprehensive premium filing, provide the following information with respect to each plan to which the assets or liabilities were transferred (if transfer involved a new or newly-covered plan, see instructions). EIN, PN , Date of transfer	11-1234567/321 Date: 2008-09-01		Submission/Envelope/PlanData/TransfersTo/TransferredToEIN Submission/Envelope/PlanData/TransfersTo/TransferredToPN Submission/Envelope/PlanData/TransfersTo/TransferToDate
16 - Transfers to other plans — Type of transfer: _ Merger _ Consolidation _ Spinoff _ Other	Spinoff		Submission/Envelope/PlanData/TransfersTo/TransferToReason/Merger Submission/Envelope/PlanData/TransfersTo/TransferToReason/Consolidation Submission/Envelope/PlanData/TransfersTo/TransferToReason/SpinOff Submission/Envelope/PlanData/TransfersTo/TransferToReason/Other
17 - Participation freeze — If, as of the beginning of the premium payment year, this plan is closed to new entrants, enter the date the plan became closed to new entrants			FilingData/FinalFilingData/ParticipationFreeze

2008 Comprehensive Filings, Data Mapping for Sample XML files
Samples 4 and 5

Form Element	Comp_Sample_4.xml	Comp_Sample_5.xml	Schema Element
18 - Accrual freeze — If, as of the beginning of the premium payment year, benefit accruals under this plan are partially or totally frozen, enter the date the freeze became effective	2008-01-31	2008-01-3	FilingData/FinalFilingData/AccrualFreeze/AccrualFreezeDate
18 - Accrual freeze - and check box that best describes the nature of the freeze: _ For all participants, both pay and service are frozen _ For some participants, both pay and service are frozen _ For all participants, service is frozen, pay is not _ For some participants, service is frozen, pay is not _Other (enter explanation) _	For some participants, both pay and service are frozen	For all participants, service is frozen, pay is not	FilingData/FinalFilingData/AccrualFreeze/AllPRTCPTPayServiceFrozen FilingData/FinalFilingData/AccrualFreeze/SomePRTCPTPayServiceFrozen FilingData/FinalFilingData/AccrualFreeze/AllPRTCPTServiceFrozen FilingData/FinalFilingData/AccrualFreeze/SomePRTCPTServiceFrozen FilingData/FinalFilingData/AccrualFreeze/OtherExplanation
19A – Amended filing — Complete this item only if this is an amended filing a If either the first or last day of the premium payment year reported in this amended filing (item 3b(1)) differs from what was reported in the filing that is being amended, provide the dates that were reported in the original filing: Date premium payment year commenced, Date premium payment year ended		2008-02-01 009-01-31	FilingData/AmendedFilingOrigPlanYear/OriginalPYC FilingData/AmendedFilingOrigPlanYear/OriginalPYE
19B – If the EIN and PN reported in this amended filing (item 3c(1)) are not both the same as what was reported in the filing that is being amended, enter the EIN and PN from the original filing:		33-0000000 333	FilingData/AmendedFilingOrigEINPN/OriginalEIN FilingData.FilingData/AmendedFilingOrigEINPN/OriginalPN

2008 Comprehensive Filings, Data Mapping for Sample XML files
Samples 4 and 5

Form Element	Comp_Sample_4.xml	Comp_Sample_5.xml	Schema Element
19c - If the reason for amending the filing is other than reconciling an estimated Variable-rate Premium and the total premium reported in this amended filing (item 9) is less than the amount reported in the filing that is being amended provide an explanation of why an amended filing is necessary:		This explains why this amended filing is necessary.	FilingData/FinalFilingData/AmendedLessPremExplanation
21 - Certification of Plan Administrator — The plan administrator must sign and complete this item. Name and contact information for Plan Admin who signs	Susan Smith 801-444-0909 ssmith@abc.com	Susan Smith 801-444-0909 ssmith@abc.com	FilingData/PlanAdminCertification/Name FilingData/PlanAdminCertification/PhoneNumber FilingData/PlanAdminCertification/PhoneNumberExtension FilingData/PlanAdminCertification/EmailAddress
21 - Certification of Plan Administrator Signature with Date			FilingData/PlanAdminSignDate * * Although this node exists in the schema for future use, PBGC currently only uses e-signature information generated by the My PAA application, so a plan admin sign date included in a vendor filing is not used.
22 - Certification of Enrolled Actuary — An enrolled actuary must sign and complete this item unless the plan is a multiemployer plan, is exempt from the variable-rate premium, or is eligible for and paying the maximum VRP and not reporting the uncapped VRP. Name and contact information for Actuary who signs	Marlene Bedford ABC Actuarial Services 202-555-9000 mbedford@abc.com		FilingData/FinalFilingData/FilingPlanType/SingleEmployer/ActuaryInformation/Actuary/Name FilingData/FinalFilingData/FilingPlanType/SingleEmployer/ActuaryInformation/Actuary/Firm FilingData/FinalFilingData/FilingPlanType/SingleEmployer/ActuaryInformation/Actuary/PhoneNumber FilingData/FinalFilingData/FilingPlanType/SingleEmployer/ActuaryInformation/Actuary/PhoneNumberExtension FilingData/FinalFilingData/FilingPlanType/SingleEmployer/ActuaryInformation/Actuary/EmailAddress
22 - Certification of Enrolled Actuary Enrollment Number	123456		FilingData/FinalFilingData/FilingPlanType/SingleEmployer/ActuaryInformation/EnrollmentNumber
22 - Certification of Enrolled Actuary Signature with Date			FilingData/ActuarySignDate * * Although this node exists in the schema for future use, PBGC currently only uses e-signature information generated by the My PAA application, so a plan admin sign date included in a vendor filing is not used.

2008 Comprehensive Filings, Data Mapping for Sample XML files
 Samples 6 and 7 – Multiemployer Plans

Form Element	Comp_Sample_6.xml	Comp_Sample_7.xml	Schema Element
Unnumbered - Amended Filing checkbox		Checked	FilingData/FinalFilingData/AmendedFiling
unnumbered - Disaster Relief (enter code)		08-01	FilingData/FinalFilingData/DisasterRelief/Yes/DisasterReliefText
1 - Plan Sponsor Information (name and address details)	John Doe Suite 100 Arbor Town, NC 11111	John Doe Suite 100 Arbor Town, NC 11111	Submission/Envelope/PlanData/Sponsor (See schema for detailed nodes)
1h – Six digit Business Code		111100	FilingData/FinalFilingData/IndustryCode
1i - First six digits of CUSIP number			FilingData/FinalFilingData/CUSIP
2 - Plan Administrator Information (name and address detail)	New York Trustees 100 Park Avenue New York, NY 12345	New York Trustees 100 Park Avenue New York, NY 12345	Submission/Envelope/PlanData/Administrator
3a - Plan Name	Pension Plan	Pension Plan	Submission/Envelope/PlanData/PlanName
3b1 - This filing is for the premium payment year commencing and ending	2008-01-01 2008-12-31	2008-01-01 2008-12-31	Submission/Envelope/PlanData/PlanYearBeginDate Submission/Envelope/PlanData/PlanYearEndDate
3b2 - If the plan year commencement date has changed since the most recent PBGC filing as a result of a plan amendment changing the plan year, enter the date the plan year change was adopted		2008-01-01	Submission/Envelope/PlanData/PlanYearDateChange/Yes/PYCChangeDate
3b3 – Check box if plan qualifies to pay a prorated premium for this premium payment year (i.e., if plan has less than a full year of coverage).			FilingData/Proration (the checked box itself is not captured as an element in the schema, the presence of the proration node indicates that it is applicable. When present, the number of months and premium before proration are required)
3c1 - Employer Identification Number and Plan Number information. EIN, PN	87-7788444 554	87-7788444 554	Submission/Envelope/PlanData/EIN Submission/Envelope/PlanData/PN

2008 Comprehensive Filings, Data Mapping for Sample XML files
 Samples 6 and 7 – Multiemployer Plans

Form Element	Comp_Sample_6.xml	Comp_Sample_7.xml	Schema Element
3c2 - If the EIN and PN are not both the same as on the most recent premium filing, enter EIN and PN from most recent premium filing:		87-7788998 999	Submission/Envelope/PlanData/PreviousEIN Submission/Envelope/PlanData/PreviousPN
3c3 - If the EIN and PN are not both the same as on the 2007 Form 5500, enter EIN and PN from 2007 Form 5500 and provide explanation:		87-7788998 999 EIN/PN changed after 2007 Form 5500 was submitted.	FilingData/FinalFilingData/EINPNMatch5500/No/Previous5500EIN FilingData/FinalFilingData/EINPNMatch5500/No/Previous5500PN FilingData/FinalFilingData/EINPNMatch5500/No/EINPNExplanation
3d - Plan Type		Multiemployer	FilingData/FinalFilingData/FilingPlanType/SingleEmployer or FilingData/FinalFilingData/FilingPlanType/MultiEmployer (presence of the node identifies the type)
3e - Plan size (based on prior year participant count): _Small (fewer than 100) _Mid-size (100-499) _Large (500 or more) _N/A; first year's filing	N/A; first year's filing	Small	Submission/Envelope/PlanData/PlanSize/SmallPlanSize Submission/Envelope/PlanData/PlanSize/MidSizePlanSize Submission/Envelope/PlanData/PlanSize/LargePlanSize Submission/Envelope/PlanData/PlanSize/PlanSizeNAFirstYearsFiling
4 - Plan Contact (name and contact)	Jack Jones 333-333-3333 plancontact@abc.com	Jack Jones 333-333-3333 plancontact@abc.com	Submission/Envelope/PlanData/PlanContact
6a - Participant count date		2007-12-31	FilingData/FinalFilingData/ParticipantCountDate
6b2 - Participant count as of participant count date	50	50	FilingData/FinalFilingData/ParticipantCount
6b3 - Flat-rate premium (item 6b(1) x item 6b(2)) For Single-employer Plans			FilingData/FinalFilingData/FilingPlanType/SingleEmployer/SingleEmployerPremium/FlatRatePremium
6b3 - Flat-rate premium (item 6b(1) x item 6b(2)) For multiemployer plans	(on paper the user would type 450 here, however, in the schema, since the premium is prorated, 450 only appears in Premium Before Proration – this schema node is used for Total Premium)	450	If proration is not applicable: FilingData/FinalFilingData/FilingPlanType/MultiEmployer/MultiEmployerPremium (same as Total Premium in this case) If proration is applicable: this value is only captured as Premium Before Proration (FilingData/Proration/PremiumBeforeProration)

2008 Comprehensive Filings, Data Mapping for Sample XML files
 Samples 6 and 7 – Multiemployer Plans

Form Element	Comp_Sample_6.xml	Comp_Sample_7.xml	Schema Element
8a – Premium proration (If the plan does not qualify for premium proration, skip to item 9) Number of months (complete and partial) in the short plan year	6		FilingData/Proration/ProrationMonths
8b – Total premium before reflecting proration (item 6b(3) + item 7g(3), if applicable)	450		FilingData/Proration/PremiumBeforeProration
9 – Total premium If the plan does not qualify for premium proration, item 6b(3) + item 7g(3), if applicable If the plan qualifies for premium proration, item 8b x item 8a ÷ 12. For single-employer plans			FilingData/FinalFilingData/FilingPlanType/SingleEmployer/SingleEmployerPremium/TotalPremium
9 – Total premium If the plan does not qualify for premium proration, item 6b(3) + item 7g(3), if applicable If the plan qualifies for premium proration, item 8b x item 8a ÷ 12. For multiemployer plans	225	450	FilingData/FinalFilingData/FilingPlanType/MultiEmployer/MultiEmployerPremium
10 - Premium credit (including any payments already made for this premium payment year and any overpayment from prior plan year unless refund was requested)	0	500	FilingData/FinalFilingData/PremiumData/PremiumCredits
11 - Amount due (excess, if any, of item 9 over item 10)	450	0	FilingData/FinalFilingData/PremiumData/NetAmountDue
12 - Treatment of overpayment Excess , if any, of item 10 over item 9		50	FilingData/FinalFilingData/OverPaymentAmount/OverPaymentAmount
12 - Treatment of overpayment Treatment of balance (select one): _ Credit towards next year's premium			FilingData/FinalFilingData/OverPaymentAmount/CreditNextYearPremium

2008 Comprehensive Filings, Data Mapping for Sample XML files
 Samples 6 and 7 – Multiemployer Plans

Form Element	Comp_Sample_6.xml	Comp_Sample_7.xml	Schema Element
12 - Treatment of overpayment Treatment of balance (select one): _ Refund by check _ Refund by electronic funds transfer (preferred refund option)		EFT	FilingData/FinalFilingData/OverPaymentAmount/Refund/MailedCheck FilingData/FinalFilingData/OverPaymentAmount/Refund/EFT
12 - Treatment of overpayment If you select a refund by electronic funds transfer, complete the following information: Type of account Account number Sub-account number (if any)		Savings Account Bank routing 789456124 Acct# 22322	FilingData/FinalFilingData/OverPaymentAmount/Refund/EFT/AccountType/CheckingAccount FilingData/FinalFilingData/OverPaymentAmount/Refund/EFT/AccountType/SavingsAccount FilingData/FinalFilingData/OverPaymentAmount/Refund/EFT/BankRoutingNumber FilingData/FinalFilingData/OverPaymentAmount/Refund/EFT/AccountNumber FilingData/FinalFilingData/OverPaymentAmount/SubAccountNumber
13 - Final filing - If this is the last filing for this plan, enter the date of event		2008-05-23	FilingData/FinalFilingData/FinalFilingEvent/FinalFilingEventDate
13 - Final filing - and check box that that best describes why filing obligation is ceasing: _Merger/Consolidation _Trusteeship _Distribution pursuant to termination _Cessation of covered status		Cessation of covered status	FilingData/FinalFilingData/FinalFilingEvent/MergerConsolidation FinalFilingEvent.TrusteeshipFilingData/FinalFilingData/FinalFilingEvent/Trusteeship FilingData/FinalFilingData/FinalFilingEvent/DSTRBNPursuantToTermination FilingData/FinalFilingData/FinalFilingEvent/CessationOfCoveredStatus
14 - New and newly covered plans — If this filing is for a new plan or a newly-covered plan, report the plan effective date , the adoption date and the plan coverage date	Plan Effective Date: 2008-07-01 PlanAdoptionDate: 2008-07-01 PlanCoverageDate: 2008-07-01		FilingData/FinalFilingData/FirstPlanFiling/Yes/PlanEffectiveDate FilingData/FinalFilingData/FirstPlanFiling/Yes/PlanAdoptionDate FilingData/FinalFilingData/FirstPlanFiling/Yes/PlanCoverageDate

2008 Comprehensive Filings, Data Mapping for Sample XML files
Samples 6 and 7 – Multiemployer Plans

Form Element	Comp_Sample_6.xml	Comp_Sample_7.xml	Schema Element
<p>15 - Transfers from other plans — If another plan transferred assets or liabilities to this plan since the most recent comprehensive premium filing, provide the following information with respect to each plan from which assets or liabilities were transferred (if transfer involved a new or newly-covered plan, see instructions). EIN, PN, Date of transfer</p>			<p>Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferredEIN Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferredPN Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferDate</p>
<p>15 - Transfers from other plans —Type of transfer: _Merger _Consolidation _Spinoff _Other</p>			<p>Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferReason/Merger Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferReason/Consolidation Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferReason/SpinOff Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferReason/ Other</p>
<p>16 - Transfers to other plans — If this plan transferred assets or liabilities to another plan since the most recent comprehensive premium filing, provide the following information with respect to each plan to which the assets or liabilities were transferred (if transfer involved a new or newly-covered plan, see instructions). EIN, PN , Date of transfer</p>			<p>Submission/Envelope/PlanData/TransfersTo/TransferredToEIN Submission/Envelope/PlanData/TransfersTo/TransferredToPN Submission/Envelope/PlanData/TransfersTo/TransferToDate</p>
<p>16 - Transfers to other plans — Type of transfer: _ Merger _ Consolidation _ Spinoff _ Other</p>			<p>Submission/Envelope/PlanData/TransfersTo/TransferToReason/Merger Submission/Envelope/PlanData/TransfersTo/TransferToReason/Consolidation Submission/Envelope/PlanData/TransfersTo/TransferToReason/SpinOff Submission/Envelope/PlanData/TransfersTo/TransferToReason/Other</p>
<p>17 - Participation freeze — If, as of the beginning of the premium payment year, this plan is closed to new entrants, enter the date the plan became closed to new entrants</p>			<p>FilingData/FinalFilingData/ParticipationFreeze</p>

2008 Comprehensive Filings, Data Mapping for Sample XML files
 Samples 6 and 7 – Multiemployer Plans

Form Element	Comp_Sample_6.xml	Comp_Sample_7.xml	Schema Element
18 - Accrual freeze — If, as of the beginning of the premium payment year, benefit accruals under this plan are partially or totally frozen, enter the date the freeze became effective	2008-02-15	2008-02-15	FilingData/FinalFilingData/AccrualFreeze/AccrualFreezeDate
18 - Accrual freeze - and check box that best describes the nature of the freeze: _ For all participants, both pay and service are frozen _ For some participants, both pay and service are frozen _ For all participants, service is frozen, pay is not _ For some participants, service is frozen, pay is not _Other (enter explanation) _	Other This is the nature of the accrual freeze	For some participants, service is frozen, pay is not	FilingData/FinalFilingData/AccrualFreeze/AllPRTCPTPayServiceFrozen FilingData/FinalFilingData/AccrualFreeze/SomePRTCPTPayServiceFrozen FilingData/FinalFilingData/AccrualFreeze/AllPRTCPTServiceFrozen FilingData/FinalFilingData/AccrualFreeze/SomePRTCPTServiceFrozen FilingData/FinalFilingData/AccrualFreeze/OtherExplanation
19A – Amended filing — Complete this item only if this is an amended filing a If either the first or last day of the premium payment year reported in this amended filing (item 3b(1)) differs from what was reported in the filing that is being amended, provide the dates that were reported in the original filing: Date premium payment year commenced, Date premium payment year ended			FilingData/AmendedFilingOrigPlanYear/OriginalPYC FilingData/AmendedFilingOrigPlanYear/OriginalPYE
19B – If the EIN and PN reported in this amended filing (item 3c(1)) are not both the same as what was reported in the filing that is being amended, enter the EIN and PN from the original filing:			FilingData/AmendedFilingOrigEINPN/OriginalEIN FilingData.FilingData/AmendedFilingOrigEINPN/OriginalPN

2008 Comprehensive Filings, Data Mapping for Sample XML files
 Samples 6 and 7 – Multiemployer Plans

Form Element	Comp_Sample_6.xml	Comp_Sample_7.xml	Schema Element
<p>19c - If the reason for amending the filing is other than reconciling an estimated Variable-rate Premium and the total premium reported in this amended filing (item 9) is less than the amount reported in the filing that is being amended provide an explanation of why an amended filing is necessary:</p>			FilingData/FinalFilingData/AmendedLessPremExplanation
<p>21 - Certification of Plan Administrator — The plan administrator must sign and complete this item.</p> <p>Name and contact information for Plan Admin who signs</p>	Susan Smith 801-444-0909 ssmith@abc.com	Susan Smith 801-444-0909 ssmith@abc.com	FilingData/PlanAdminCertification/Name FilingData/PlanAdminCertification/PhoneNumber FilingData/PlanAdminCertification/PhoneNumberExtension FilingData/PlanAdminCertification/EmailAddress
<p>21 - Certification of Plan Administrator Signature with Date</p>			FilingData/PlanAdminSignDate * * Although this node exists in the schema for future use, PBGC currently only uses e-signature information generated by the My PAA application, so a plan admin sign date included in a vendor filing is not used.