



## **PBGC 2006 and 2007 Paper Form Field to XML Node Mapping**

The purpose of this document is to show the user how the nodes in the schema relate to the corresponding paper 2006 and 2007 paper premium filing forms. For each form (Form 1-ES, Form 1-EZ, Form 1, and Schedule A), this document provides a table that lists all the fields from the paper form and maps them to a node in the schema. After each table is a sample paper form with the fields numbered. These tables are used by matching the Element # in the tables to the number shown on the paper form.

**2006 Form 1-ES Field to XML Node Mapping**

Element Number	Schema	Node	Comments
1	FilingData	EstimatedFilingData.AmendedFiling	
2	FilingData	EstimatedFilingData.DisasterRelief.Yes OR EstimatedFilingData.DisasterRelief.No AND EstimatedFilingData.DisasterRelief.Yes.DisasterReliefText	If the plan is claiming disaster relief, the EstimatedFilingData.DisasterRelief.Yes node should be present along with the name of the disaster being claimed in the EstimatedFilingData.DisasterRelief.Yes.DisasterReliefText node. There is not a field on the paper form that corresponds to the DisasterReliefText. If the plan is not claiming disaster relief, then only the EstimatedFilingData.DisasterRelief.No node should be present.
3	N/A	N/A	The schema does not have a place for a flag to indicate if the plan sponsor and/or plan administrator's address changed.
4	Submission	PlanData.NoPaperFormsNextYear	
5	Submission	PlanData.Sponsor.Name	
6	Submission	PlanData.Sponsor.USAddress.AddressLine1 OR PlanData.Sponsor.ForeignAddress.AddressLine1	
7	Submission	PlanData.Sponsor.USAddress.AddressLine2 OR PlanData.Sponsor.ForeignAddress.AddressLine2	
8	Submission	PlanData.Sponsor.USAddress.City OR PlanData.Sponsor.ForeignAddress.City	
9	Submission	PlanData.Sponsor.USAddress.State OR PlanData.Sponsor.ForeignAddress.ProvinceOrState	
10	Submission	PlanData.Sponsor.USAddress.ZipCode OR PlanData.Sponsor.ForeignAddress.PostalCode	
11			
12	N/A	N/A	If the user indicates the Administrator is the same as Sponsor, you need to take the values entered for 5 - 10 and place them in the corresponding Plan Administrator fields (13 - 18).
13	Submission	PlanData.Administrator.Name	
14	Submission	PlanData.Administrator.USAddress.AddressLine1 OR PlanData.Administrator.ForeignAddress.AddressLine1	
15	Submission	PlanData.Administrator.USAddress.AddressLine2 OR PlanData.Administrator.ForeignAddress.AddressLine2	
16	Submission	PlanData.Administrator.USAddress.City OR PlanData.Administrator.ForeignAddress.City	
17	Submission	PlanData.Administrator.USAddress.State OR PlanData.Administrator.ForeignAddress.ProvinceOrState	
18	Submission	PlanData.Administrator.USAddress.ZipCode OR PlanData.Administrator.ForeignAddress.PostalCode	
19	Submission	PlanData.EIN	
20	Submission	PlanData.PN	
21	Submission	PlanData.PlanTransfers.No	
22	Submission	PlanData.PlanTransfers.Yes	
23	Submission	PlanData.PlanTransfers.Yes.Transfers.TransferredEIN	For each transfer entered by the user, you will use 23 - 28 to save the information. Only one of 26, 27, or 28 should be included.
24	Submission	PlanData.PlanTransfers.Yes.Transfers.TransferredPN	
25	Submission	PlanData.PlanTransfers.Yes.Transfers.TransferDate	
26	Submission	PlanData.PlanTransfers.Yes.Transfers.TransferReason.Merger	
27	Submission	PlanData.PlanTransfers.Yes.Transfers.TransferReason.Consolidation	
28	Submission	PlanData.PlanTransfers.Yes.Transfers.TransferReason.SpinOff	
29	N/A	N/A	This question is only relevant to filers who use the paper forms.
30	N/A	N/A	This question is only relevant to filers who use the paper forms.
31	Submission	PlanData.PreviousEIN	
32	Submission	PlanData.PreviousPN	
33	Submission	PlanData.DateOfChange	
34	Submission	PlanData.PlanName	
35	Submission	PlanData.PlanYearBeginDate	The paper form only asks the user to enter the month and date; this date in the XML file also includes the year.
36	Submission	PlanData.PlanYearEndDate	
37 OR 38	FilingData	EstimatedFilingData.ParticipantCount	If the plan is a single-employer plan, the participant count would show in 37; if the plan is a multiemployer plan, the participant count would show in 38.
39	N/A	N/A	The schema does not have a place to hold the participant count multiplied by the applicable flat rate.
40	N/A	N/A	The schema does not have a place to hold the participant count multiplied by the applicable flat rate.
41	FilingData	EstimatedFilingData.PremiumCreditBalance	
42	FilingData	EstimatedFilingData.PremiumAmount	
43	N/A	N/A	The schema does not have a place to capture payment method. Users will indicate their payment method on the My PAA screens.
44	N/A	N/A	The schema does not have a place to capture payment method. Users will indicate their payment method on the My PAA screens.
45	N/A	N/A	The schema does not have a place for the plan administrator's signature.
46	FilingData	PlanAdminSignDate	
47	Submission	PlanData.Administrator.PhoneNumber	
48	Submission	PlanData.Administrator.Name	
49	Submission	PlanData.Administrator.EmailAddress	



**Estimated Premium Payment**  
(Plans with 500 or more Participants in prior filing year)  
For Plan Years Beginning in Calendar Year 2006



Check for Amended Filing  Check for Disaster Relief  (see instructions)

<b>1. Plan Sponsor</b> Check for name/address change <input type="checkbox"/> Check if you do not want instructions next year <input type="checkbox"/>		<b>2. Plan Administrator</b> Check for name/address change <input type="checkbox"/> Check if same as sponsor and go to Item 3 <input type="checkbox"/>	
Name		Name	
Address Line 1		Address Line 1	
Address Line 2		Address Line 2	
City	State	Zip	City
			State
			Zip

**3. Employer Identification Number/Plan Number (EIN/PN), Electronic Filing**

(a) Enter 9-digit EIN  (b) Enter 3-digit PN

(c) Has a plan other than yours ceased to exist in connection with any transfer of assets or liabilities from that plan to this plan since the most recent premium filing?  No  Yes  
If yes, give EIN/PN of each disappearing transferor plan and effective date of transfer, and indicate whether it was a merger (M), consolidation (C), or spinoff (S). (See definitions, page 8.)

Transferor's 9-digit EIN	3-digit PN	MM	DD	YYYY	Transfer Type
<input type="text"/>	<input type="text"/>				M C S
					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

(If more than 1, attach a separate sheet that lists the additional EIN/PNs, dates, and transfer types.)

(d) If this form is filed after electronic filing is mandatory, did PBGC grant the plan an exemption from required electronic filing?  Yes  No, attach explanation

**4. If EIN and PN in item 3 (a) and (b) above are NOT BOTH the same as on most recent premium filing, enter both prior EIN and prior PN.**

(a) Prior 9-digit EIN  (b) Prior 3-digit PN  (c) Effective Date of Change  
MM DD YYYY

**5. Plan Information**

(a) Plan Name

(b) Plan Year Beginning 

MM	DD	YYYY
		2006

 (c) Plan Year Ending 

MM	DD	YYYY

**6. Estimated premium for this plan**

(a) Single-Employer	\$30.00	X	<input type="text"/>	=	\$	<input type="text"/>
(b) Multiemployer	\$ 8.00	X	<input type="text"/>	=	\$	<input type="text"/>

Estimated Participant Count

**7. Premium credit balance (overpayment) from previous years or other credit**  
(including estimated short-year credit) (See instructions, pages 9-10.) \$

**8. Amount Due**

(a) Enter premium payment due (item 6 minus item 7) and submit payment to PBGC. \$

(b) Payment method (Check appropriate box to indicate the method for payment to PBGC.)  
 Check enclosed with this form  Electronic Payment (see instructions)

I certify under penalty of perjury that, to the best of my knowledge and belief, the information in items 1-5 and 7 of this form is true, correct and complete.

<input type="text"/>	MM DD YYYY	<input type="text"/>
Signature of Plan Administrator	Date	Telephone Number (include Area Code)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Print or type first name of individual who signs	Print or type last name of individual who signs	Business E-mail Address (Optional)

### 2006 Form 1-EZ Field to XML Node Mapping

Element Number	Schema	Node	Comments
1	FilingData	FinalFilingData.AmendedFiling	
2	FilingData	FinalFilingData.DisasterRelief.Yes OR FinalFilingData.DisasterRelief.No AND FinalFilingData.DisasterRelief.Yes.DisasterReliefText	If the plan is claiming disaster relief, the FinalFilingData.DisasterRelief.Yes node should be present along with the name of the disaster being claimed in the FinalFilingData.DisasterRelief.Yes.DisasterReliefText node. There is not a field on the paper form that corresponds to the DisasterReliefText. If the plan is not claiming disaster relief, then only the FinalFilingData.DisasterRelief.No node should be present.
3	N/A	N/A	The schema does not have a place for a flag to indicate if the plan sponsor and/or plan administrator's address changed.
4	Submission	PlanData.NoPaperFormsNextYear	
5	Submission	PlanData.Sponsor.Name	
6	Submission	PlanData.Sponsor.USAddress.AddressLine1 OR PlanData.Sponsor.ForeignAddress.AddressLine1	
7	Submission	PlanData.Sponsor.USAddress.AddressLine2 ORPlanData.Sponsor.ForeignAddress.AddressLine2	
8	Submission	PlanData.Sponsor.USAddress.City OR PlanData.Sponsor.ForeignAddress.City	
9	Submission	PlanData.Sponsor.USAddress.State OR PlanData.Sponsor.ForeignAddress.ProvinceOrState	
10	Submission	PlanData.Sponsor.USAddress.ZipCode OR PlanData.Sponsor.ForeignAddress.PostalCode	
11			
12	N/A	N/A	If the user indicates the Administrator is the same as Sponsor, you need to take the values entered for 5 - 10 and place them in the corresponding Plan Administrator fields (13 - 18).
13	Submission	PlanData.Administrator.Name	
14	Submission	PlanData.Administrator.USAddress.AddressLine1 OR PlanData.Administrator.ForeignAddress.AddressLine1	

15	Submission	PlanData.Administrator.USAddress.AddressLine2 ORPlanData.Administrator.ForeignAddress.AddressLine2	
16	Submission	PlanData.Administrator.USAddress.City OR PlanData.Administrator.ForeignAddress.City	
17	Submission	PlanData.Administrator.USAddress.State OR PlanData.Administrator.ForeignAddress.ProvinceOrState	
18	Submission	PlanData.Administrator.USAddress.ZipCode OR PlanData.Administrator.ForeignAddress.PostalCode	
19	Submission	PlanData.EIN	
20	Submission	PlanData.PN	
21	FilingData	FinalFilingData.EINPNMatch5500.Yes	
22	FilingData	FinalFilingData.EINPNMatch5500.No	
23	FilingData	FinalFilingData.EINPNMatch5500.NotRequired	
24	FilingData	FinalFilingData.EINPNMatch5500.No.Previous5500EIN	
25	FilingData	FinalFilingData.EINPNMatch5500.No.Previous5500PN	
26	FilingData	FinalFilingData.EINPNMatch5500.No.EINPNExplanation	
27	N/A	N/A	This question is only relevant to filers who use the paper forms.
28	N/A	N/A	This question is only relevant to filers who use the paper forms.
29	Submission	PlanData.PreviousEIN	
30	Submission	PlanData.PreviousPN	
31	Submission	PlanData.DateOfChange	
32	FilingData	FinalFilingData.PlanCoverageStatus.Covered	
33	FilingData	FinalFilingData.PlanCoverageStatus.UncertainExplanation	
34	FilingData	FinalFilingData.FirstPlanFiling.No	
35	FilingData	FinalFilingData.FirstPlanFiling.Yes	
36	FilingData	FinalFilingData.FirstPlanFiling.Yes.PlanEffectiveDate	
37	FilingData	FinalFilingData.FirstPlanFiling.Yes.PlanAdoptionDate	
38	FilingData	FinalFilingData.FirstPlanFiling.Yes.PlanCoverageDate	
39	Submission	PlanData.PlanTransfers.Yes	
40	Submission	PlanData.PlanTransfers.No	
41	Submission	PlanData.PlanTransfers.Yes.Transfers.TransferredEIN	For each transfer entered by the user, you will use 39 - 44 to save the information. Only one of 42, 43, or 44 should be included.
42	Submission	PlanData.PlanTransfers.Yes.Transfers.TransferredPN	
43	Submission	PlanData.PlanTransfers.Yes.Transfers.TransferDate	

44	Submission	PlanData.PlanTransfers.Yes.Transfers.TransferReason.Merger	
45	Submission	PlanData.PlanTransfers.Yes.Transfers.TransferReason.Consolidation	
46	Submission	PlanData.PlanTransfers.Yes.Transfers.TransferReason.SpinOff	
47	FilingData	FinalFilingData.IndustryCode	
48	FilingData	FinalFilingData.CUSIP	
49	Submission	PlanData.PlanName	
50	Submission	PlanData.PlanContact.Name	
51	Submission	PlanData.PlanContact.PhoneNumber	
52	Submission	PlanData.PlanYearBeginDate	
53	Submission	PlanData.PlanYearEndDate	
54	Submission	PlanData.PlanYearDateChange.Yes or PlanData.PlanYearDateChange.No	
55	Submission	PlanData.PlanYearDateChange.Yes.PYCCChangeDate	
56	Submission	PlanData.EIN	
57	Submission	PlanData.PN	
58	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.Exempt.NoVestedParticipants	
59	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.Exempt.Is412iPlan	
60	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.Exempt.FullyFundedLessThan500Participants	
61	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.Exempt.StandardTermination	
62	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.Exempt.StandardTermination.StandardTerminationDate	
63	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.Exempt.FullFundingLimit	
64	FilingData	FinalFilingData.ParticipantCount	
65	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.SingleEmployerPremium.FlatRatePremium	
66	FilingData	FinalFilingData.PremiumData.AmountPaidwForm1ES	
67	FilingData	FinalFilingData.PremiumData.OtherCredits	

68	FilingData	FinalFilingData.PremiumData.PremiumCredits	
69	FilingData	FinalFilingData.PremiumData.NetAmountDue	
70	N/A	N/A	The schema does not have a place to capture payment method. Users will indicate their payment method on the My PAA screens.
71	N/A	N/A	The schema does not have a place to capture payment method. Users will indicate their payment method on the My PAA screens.
72	FilingData	FinalFilingData.OverPaymentAmount.OverPaymentAmount	
73	FilingData	FinalFilingData.OverPaymentAmount.CreditNextYearPremium	
74	FilingData	FinalFilingData.OverPaymentAmount.Refund	
75	FilingData	FinalFilingData.OverPaymentAmount.Refund.EFT.AccountType.CheckingAccount	
76	FilingData	FinalFilingData.OverPaymentAmount.Refund.EFT.AccountType.SavingsAccount	
77	FilingData	FinalFilingData.OverPaymentAmount.Refund.EFT.BankRoutingNumber	
78	FilingData	FinalFilingData.OverPaymentAmount.Refund.EFT.AccountNumber	
79	FilingData	FinalFilingData.OverPaymentAmount.Refund.EFT.SubAccountNumber	
80	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.ParticipantNotice.NotRequired	
81	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.ParticipantNotice.IssuedOnTime	
82	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.ParticipantNotice.Explanation	
83	N/A	N/A	This question is only relevant to filers who use the paper forms.
84	N/A	N/A	The schema does not have a place for the plan administrator's signature.
85	FilingData	PlanAdminSignDate	
86	Submission	PlanData.Administrator.Name	
87	Submission	PlanData.Administrator.EmailAddress	
88	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.EnrollmentNumber	

89	N/A	N/A	The schema does not have a place for the enrolled actuary's signature.
90	FilingData	ActuarySignDate	
91	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.Name	
92	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.PhoneNumber	
93	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.USAddress.AddressLine1 and FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.USAddress.AddressLine2 OR FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.ForeignAddress.AddressLine1 and FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.ForeignAddress.AddressLine2	
94	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.USAddress.City OR FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.ForeignAddress.City	
95	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.USAddress.State OR FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.ForeignAddress.ProvinceOrState	
96	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.USAddress.ZipCode OR FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.ForeignAddress.PostalCode	





**Annual Premium Payment for**  
**Single—Employer Plans Exempt**  
**from the Variable—Rate Premium**



For Plan Years Beginning in Calendar Year 2006  
 Check for Amended Filing  Check for Disaster Relief  (see instructions)  
 See the 2006 Premium Payment Package for the instructions for Form 1-EZ

**Photocopies and**  
**downloaded forms**  
**may be filed**  
**(see instructions).**

<b>1. Plan Sponsor</b> Check for name/address change <input type="checkbox"/> Check if you do not want instructions next year <input type="checkbox"/>	<b>2. Plan Administrator</b> Check for name/address change <input type="checkbox"/> Check if same as plan sponsor and go to Item 3 <input type="checkbox"/>
Name	Name
Address Line 1	Address Line 1
Address Line 2	Address Line 2
City State Zip	City State Zip

**3. Employer Identification Number/Plan Number (EIN/PN), Electronic Filing**

(a) Enter 9-digit EIN  (b) Enter 3-digit PN

(c) Does EIN/PN match entry on 2005 Form 5500?  Yes  No  2005 Form 5500 not required.  
 If no, attach explanation, check box in item 19, and enter EIN/PN from 2005 Form 5500: 9-digit EIN  3-digit PN

(d) If the plan had 500 or more participants for the prior plan year and this form is filed after electronic filing is mandatory, did PBGC grant the plan an exemption from required electronic filing for this premium filing?  Yes  No, attach explanation and check box in item 19.

**4. If EIN and PN in item 3 (a) and (b) above are NOT BOTH the same as on the most recent premium filing, enter both prior EIN and prior PN.**

(a) Prior 9-digit EIN  (b) Prior 3-digit PN  (c) Effective Date of Change  
 M M D D Y Y Y Y

**5. Plan Coverage Status (check one)** (a)  Covered (b)  Uncertain (If uncertain, you should file. See instructions, page 20.)

**6. Is this the first year's premium filing for this plan?**  No  Yes If yes, enter the following dates.

(a) Plan effective date M M D D Y Y Y Y   
 (b) Plan adoption date M M D D Y Y Y Y   
 (c) Plan coverage date M M D D Y Y Y Y

**7. Transfers from disappearing plans:**  
 Has a plan other than yours ceased to exist in connection with any transfer of assets or liabilities from that plan to this  No  Yes plan since the most recent premium filing? (See instructions, page 21.)  
 If yes, give EIN/PN of each disappearing transferor plan and effective date of transfer, and indicate whether it was a merger (M), consolidation (C), or spinoff (S).

Transferor's 9-digit EIN  3-digit PN  M M D D Y Y Y Y  Transfer Type  
 M C S

(If more than 1, attach a separate sheet that lists the additional EIN/PNs, dates, and transfer types, and check the box in item 19.)

**8. Business Code and CUSIP number**

(a) Enter 6-digit Business Code:  (b) Enter first 6 digits of CUSIP number:

**9. Name of Plan:**

**10. Name and Phone Number of Plan Contact**

(a) Name:  (b) Area Code and Phone Number

**11.** (a) This premium is for the plan year beginning: M M D D Y Y Y Y  **2006**  
 (b) This premium is for the plan year ending: M M D D Y Y Y Y   
 (c)  Check here if the plan year beginning date has changed since last filing with PBGC  
 (d) Adoption date of plan year change: M M D D Y Y Y Y



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EIN/PN from item 3 (a) and (b)

9-digit EIN

3-digit PN

12. Variable-Rate Premium Exemption Category: Check a single box.

- (a) No Vested Participants. (b) 412 (i) Plan. (c) Fully funded plan with fewer than 500 Participants.

(d) Standard Termination with a proposed termination date (on or before the snapshot date) of: MM DD YYYY

(e) Plan at Full Funding Limit.

13. Enter PARTICIPANT COUNT for the plan year specified in item 11. 13

(See instructions, page 24.)

14. PREMIUM: Multiply the participant count in item 13 by \$30 14

15. Premium credits (See instructions, page 24.)

(a) Amount paid with 2006 estimated filing 15(a)

(b) Other credit (including any credit claimed in the 2006 estimated filing and any short-year credit). (See instructions, page 24.) 15(b)

(c) Total credit: Add items 15(a) and 15(b). Enter amount. 15(c)

16. Amount due. If the amount in item 14 is LARGER than the amount in item 15(c), subtract item 15(c) from item 14 and enter the amount due in item 16. 16

See page 25 of instructions for payment methods. Indicate how you are paying the amount due:

by check enclosed with this form, or by electronic payment

17. Overpayment. If the amount in item 14 is SMALLER than the amount in item 15(c), subtract item 14 from item 15(c) and enter the overpayment in item 17 17

An amount of overpayment may be refunded or credited against the plan's next premium filing.

If you want to take a credit, check here: If you want a refund, check here:

For a refund by electronic funds transfer, indicate whether transfer is to a checking account or savings account and enter the bank routing number and account number for the refund and sub-account number (if any)

18. Participant Notice Requirement

For the 2005 plan year, a Participant Notice under ERISA section 4011 and 29 CFR Part 4011:

- (1) Was not required to be issued; or (2) Was issued on time and in accordance with all other applicable requirements; or (3) An explanation is attached.

19. If you have attachments, check here: Put EIN/PN (item 3(a) and (b)) and date premium payment year commenced (PYC) on each sheet.

20. Certification of Plan Administrator. I certify under penalty of perjury that, to the best of my knowledge and belief, this Form 1-EZ (including attachments) is true, correct, and complete.

Signature of Single-Employer Plan Administrator Date

Print or type first name of individual who signs Print or type last name of individual who signs Business E-mail Address (Optional)

21. Certification of Enrolled Actuary. An Enrolled Actuary must sign and complete the certification below if box 12 (c) or 12 (e) is checked.

I certify under penalty of perjury that, to the best of my knowledge and belief, the plan qualifies for the exemption checked in item 12.

Enrollment Number Signature of Enrolled Actuary Date

Print or type first name of individual who signs Print or type last name of individual who signs Telephone Number or E-mail (Optional)

Street Address City State Zip Code

### 2006 Form 1 Field to XML Node Mapping

Element Number	Schema	Node	Comments
1	FilingData	FinalFilingData.AmendedFiling	
2	FilingData	FinalFilingData.DisasterRelief.Yes OR FinalFilingData.DisasterRelief.No AND FinalFilingData.DisasterRelief.Yes.DisasterReliefText	If the plan is claiming disaster relief, the FinalFilingData.DisasterRelief.Yes node should be present along with the name of the disaster being claimed in the FinalFilingData.DisasterRelief.Yes.DisasterReliefText node. There is not a field on the paper form that corresponds to the DisasterReliefText. If the plan is not claiming disaster relief, then only the FinalFilingData.DisasterRelief.No node should be present.
3	N/A	N/A	The schema does not have a place for a flag to indicate if the plan sponsor and/or plan administrator's address changed.
4	Submission	PlanData.NoPaperFormsNextYear	
5	Submission	PlanData.Sponsor.Name	
6	Submission	PlanData.Sponsor.USAddress.AddressLine1 OR PlanData.Sponsor.ForeignAddress.AddressLine1	
7	Submission	PlanData.Sponsor.USAddress.AddressLine2 ORPlanData.Sponsor.ForeignAddress.AddressLine2	
8	Submission	PlanData.Sponsor.USAddress.City OR	
9	Submission	PlanData.Sponsor.USAddress.State OR PlanData.Sponsor.ForeignAddress.ProvinceOrState	
10	Submission	PlanData.Sponsor.USAddress.ZipCode OR PlanData.Sponsor.ForeignAddress.PostalCode	
11			
12	N/A	N/A	If the user indicates the Administrator is the same as Sponsor, you need to take the values entered for 5 - 10 and place them in the corresponding Plan Administrator fields (13 - 18).
13	Submission	PlanData.Administrator.Name	
14	Submission	PlanData.Administrator.USAddress.AddressLine1 OR PlanData.Administrator.ForeignAddress.AddressLine1	
15	Submission	PlanData.Administrator.USAddress.AddressLine2 ORPlanData.Administrator.ForeignAddress.AddressLine2	
16	Submission	PlanData.Administrator.USAddress.City OR PlanData.Administrator.ForeignAddress.City	
17	Submission	PlanData.Administrator.USAddress.State OR PlanData.Administrator.ForeignAddress.ProvinceOrState	
18	Submission	PlanData.Administrator.USAddress.ZipCode OR PlanData.Administrator.ForeignAddress.PostalCode	
19	Submission	PlanData.EIN	
20	Submission	PlanData.PN	

21	FilingData	FinalFilingData.EINPNMatch5500.Yes	
22	FilingData	FinalFilingData.EINPNMatch5500.No	
23	FilingData	FinalFilingData.EINPNMatch5500.NotRequired	
24	FilingData	FinalFilingData.EINPNMatch5500.No.Previous5500EIN	
25	FilingData	FinalFilingData.EINPNMatch5500.No.Previous5500PN	
26	FilingData	FinalFilingData.EINPNMatch5500.No.EINPNExplanation	
27	N/A	N/A	This question is only relevant to filers who use the paper forms.
28	N/A	N/A	This question is only relevant to filers who use the paper forms.
29	Submission	PlanData.PreviousEIN	
30	Submission	PlanData.PreviousPN	
31	Submission	PlanData.DateOfChange	
32	FilingData	FinalFilingData.PlanCoverageStatus.Covered	
33	FilingData	FinalFilingData.PlanCoverageStatus.UncertainExplanation	
34	FilingData	FinalFilingData.FirstPlanFiling.No	
35	FilingData	FinalFilingData.FirstPlanFiling.Yes	
36	FilingData	FinalFilingData.FirstPlanFiling.Yes.PlanEffectiveDate	
37	FilingData	FinalFilingData.FirstPlanFiling.Yes.PlanAdoptionDate	
38	FilingData	FinalFilingData.FirstPlanFiling.Yes.PlanCoverageDate	
39	Submission	PlanData.PlanTransfers.No	
40	Submission	PlanData.PlanTransfers.Yes	
41	Submission	PlanData.PlanTransfers.Yes.Transfers.TransferredEIN	For each transfer entered by the user, you will use 39 - 44 to save the information. Only one of 42, 43, or 44 should be included.
42	Submission	PlanData.PlanTransfers.Yes.Transfers.TransferredPN	
43	Submission	PlanData.PlanTransfers.Yes.Transfers.TransferDate	
44	Submission	PlanData.PlanTransfers.Yes.Transfers.TransferReason.Merger	
45	Submission	PlanData.PlanTransfers.Yes.Transfers.TransferReason.Consolidation	
46	Submission	PlanData.PlanTransfers.Yes.Transfers.TransferReason.SpinOff	
47	FilingData	FinalFilingData.IndustryCode	
48	FilingData	FinalFilingData.CUSIP	
49	Submission	PlanData.PlanName	
50	Submission	PlanData.EIN	
51	Submission	PlanData.PN	
52	Submission	PlanData.PlanContact.Name	
53	Submission	PlanData.PlanContact.PhoneNumber	
54	FilingData	FinalFilingData.FilingPlanType.MultiEmployer	
55	FilingData	FinalFilingData.FilingPlanType.SingleEmployer	
56	Submission	PlanData.PlanYearBeginDate	
57	Submission	PlanData.PlanYearEndDate	
58	Submission	PlanData.PlanYearDateChange.Yes or	

59	Submission	PlanData.PlanYearDateChange.Yes.PYCChangeDate	
60			
61	FilingData	FinalFilingData.ParticipantCount	
62	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.SingleEmployerPremium.FlatRatePremium OR FinalFilingData.FilingPlanType.MultiEmployer.MultiEmployerPremium	Only one of these nodes should be present - depending on the plan type.
63	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.VariableRatePremiumPortion	
64	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.SingleEmployerPremium.TotalPremium	
65	FilingData	FinalFilingData.PremiumData.AmountPaidwForm1ES	
66	FilingData	FinalFilingData.PremiumData.OtherCredits	
67	FilingData	FinalFilingData.PremiumData.PremiumCredits	
68	FilingData	FinalFilingData.PremiumData.NetAmountDue	
69	N/A	N/A	The schema does not have a place to capture payment method. Users will indicate their payment method on the My PAA screens.
70	N/A	N/A	The schema does not have a place to capture payment method. Users will indicate their payment method on the My PAA screens.
71	FilingData	FinalFilingData.OverPaymentAmount.OverPaymentAmount	
72	FilingData	FinalFilingData.OverPaymentAmount.CreditNextYearPremium	
73	FilingData	FinalFilingData.OverPaymentAmount.Refund	
74	FilingData	FinalFilingData.OverPaymentAmount.Refund.EFT.AccountType.CheckingAccount	
75	FilingData	FinalFilingData.OverPaymentAmount.Refund.EFT.AccountType.SavingsAccount	
76	FilingData	FinalFilingData.OverPaymentAmount.Refund.EFT.BankRoutingNumber	
77	FilingData	FinalFilingData.OverPaymentAmount.Refund.EFT.AccountNumber	
78	FilingData	FinalFilingData.OverPaymentAmount.Refund.EFT.SubAccountNumber	
79	N/A	N/A	This question is only relevant to filers who use the paper forms.
80	N/A	N/A	The schema does not have a place for the plan administrator's signature.
81	FilingData	PlanAdminSignDate	
82	Submission	PlanData.Administrator.Name	
83	Submission	PlanData.Administrator.EmailAddress	



**Annual Premium Payment**

For Plan Years Beginning in Calendar Year 2006



Check for Amended Filing  Check for Disaster Relief  (see instructions)  
See the 2006 Premium Payment Package for the instructions for Form 1

**Photocopies and  
downloaded forms may  
be filed (see instructions).**

<p><b>1. Plan Sponsor</b></p> <p>Check for name/address change <input type="checkbox"/> Check if you do not want instructions next year <input type="checkbox"/></p>	<p><b>2. Plan Administrator</b></p> <p>Check for name/address change <input type="checkbox"/> Check if same as plan sponsor and go to Item 3 <input type="checkbox"/></p>
Name	Name
Address Line 1	Address Line 1
Address Line 2	Address Line 2
City State Zip	City State Zip

**3. Employer Identification Number/Plan Number (EIN/PN), Electronic Filing**

(a) Enter 9-digit EIN  (b) Enter 3-digit PN

(c) Does EIN/PN match entry on 2005 Form 5500?  Yes  No  2005 Form 5500 not required.  
If no, attach explanation, check box in item 18, and enter EIN/PN from 2005 Form 5500: 9-digit EIN  3-digit PN

(d) If the plan had 500 or more participants for the prior plan year and this form is filed after electronic filing is mandatory, did PBGC grant the plan an exemption from required electronic filing for this premium filing?  Yes  No, attach explanation and check box in item 18.

**4. If EIN and PN in item 3 (a) and (b) above are NOT BOTH the same as on the most recent premium filing, enter both prior EIN and prior PN.**

(a) Prior 9-digit EIN  (b) Prior 3-digit PN  (c) Effective Date of Change  
M M D D Y Y Y Y

**5. Plan Coverage Status (check one)** (a)  Covered (b)  Uncertain (If uncertain, you should file. See instructions, page 28.)

**6. Is this the first year's premium filing for this plan?**  No  Yes If yes, enter the following dates.

(a) Plan effective date M M D D Y Y Y Y  (b) Plan adoption date M M D D Y Y Y Y  (c) Plan coverage date M M D D Y Y Y Y

**7. Transfers from disappearing plans:**

Has a plan other than yours ceased to exist in connection with any transfer of assets or liabilities from that plan to this plan since the most recent premium filing? (See instructions, page 29.)  No  Yes  
If yes, give EIN/PN of each disappearing transferor plan and effective date of transfer, and indicate whether it was a merger (M), consolidation (C), or spinoff (S).

Transferor's 9-digit EIN	3-digit PN	M M D D Y Y Y Y	Transfer Type		
			M	C	S
			M	C	S

(If more than 2, attach a separate sheet that lists the additional EIN/PNs, dates, and transfer types, and check the box in item 18.)

**8. Business Code and CUSIP number**

(a) Enter 6-digit Business Code:  (b) Enter first 6 digits of CUSIP number:

**9. Name of Plan:**





991506

EIN/PN from item 3 (a) and (b)

[Empty box for EIN/PN]

[Empty box for PN]

10. Name and Phone Number of Plan Contact

(a) Name: [Empty box]

(b) Area Code and Phone Number [Empty box]

11. Plan Type (Check appropriate box to indicate type of plan and type of filing.)

(a)  Multiemployer plan (b)  Single-Employer plan (Includes Multiple Employer plan)

12. (a) This premium is for the plan year beginning: MM DD YYYY [2006] (b) This premium is for the plan year ending: MM DD YYYY [Empty box]

(c)  Check here if the plan year beginning date has changed since last filing with PBGC (d) Adoption date of plan year change: MM DD YYYY [Empty box]

13. Enter PARTICIPANT COUNT for the plan year specified in item 12. (See instructions, page 30.) ..... 13 [Empty box]

14. (a) MULTIEMPLOYER premium: Multiply item 13 by the \$8 premium rate and enter amount ..... 14(a) [Empty box] (b) SINGLE-EMPLOYER flat-rate premium: Multiply the participant count in item 13 by \$30. .... 14(b) [Empty box] (c) SINGLE-EMPLOYER variable-rate premium: From Schedule A, item 6 ..... 14(c) [Empty box] (d) SINGLE-EMPLOYER total premium: Add items 14(b) and 14(c). Enter amount. .... 14(d) [Empty box]

15. Premium credits (See instructions, page 31.) (a) Amount paid with 2006 estimated filing ..... 15(a) [Empty box] (b) Other credit (including any credit claimed in the 2006 estimated filing and any short-year credit). (See instructions, page 31.) ..... 15(b) [Empty box] (c) Total credit: Add items 15(a) and 15(b). Enter amount. .... 15(c) [Empty box]

16. Amount due. If the amount in item 14(a) or 14(d) is LARGER than the amount in item 15(c), subtract item 15(c) from item 14(a) or 14(d) and enter the amount due in item 16 ..... 16 [Empty box] See page 31 of instructions for payment methods. Indicate how you are paying the amount due:  by check enclosed with this form, or  by electronic payment.

17. Overpayment. If the amount in item 14(a) or 14(d) is SMALLER than the amount in item 15(c), subtract item 14(a) or 14(d) from item 15(c) and enter the overpayment in item 17 ..... 17 [Empty box] An amount of overpayment may be refunded or credited against the plan's next premium filing. If you want to take a credit, check here: . . .  If you want a refund, check here: . . .  For a refund by electronic funds transfer, indicate whether transfer is to a checking account  or savings account  and enter the bank routing number [Empty box] and account number [Empty box] for the refund [Empty box] and sub-account number (if any) [Empty box]

18. If you have attachments other than Schedule A, check here:  Put EIN/PN (item 3(a) and (b)) and date premium payment year commenced (PYC) on each sheet.

19. Multiemployer Plan Declaration (NOTE: SINGLE-EMPLOYER Plan Administrators must sign the certification in item 8 of Schedule A.)

I certify under penalty of perjury that, to the best of my knowledge and belief, the information in this filing is true, correct, and complete.



[Empty box] Signature of Multiemployer Plan Administrator

MM DD YYYY [Empty box] Date

[Empty box] Print or type first name of individual who signs [Empty box] Print or type last name of individual who signs [Empty box] Business E-mail Address (Optional)

### 2006 Schedule A Field to XML Node Mapping\*

Element Number	Schema	Node
1	Submission	PlanData.PlanYearBeginDate
2	Submission	PlanData.EIN
3	Submission	PlanData.PN
4	Submission	PlanData.PlanName
5	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.GeneralRule
6	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.ACM
7	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.MACM
8	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.MACM.DistressOrInvoluntaryTermination
9		
10	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.PlanValueDeterminedDate
11	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.AssumedRetirementAge
12	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.RequiredInterestRate
13	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.AccrualFactor
14	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.ParticipantsReceivingPayments.Value
15	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.ParticipantsReceivingPayments.InterestRate
16	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.ParticipantsReceivingPayments.AdjustedValue
17	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.ParticipantsNotReceivingPayments.Value
18	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.ParticipantsNotReceivingPayments.InterestRate
19	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.ParticipantsNotReceivingPayments.AdjustedValue
20	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.TotalPlanValueVestedBenefits
21	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.TotalAdjustedValueOfVestedBenefits
22	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.ValueOfPlanAssets.DateAssetsDetermined
23	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.ValueOfPlanAssets.ValueOfPlanAssets
24	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.ValueOfPlanAssets.ContributionReceivables
25	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.ValueOfPlanAssets.DiscountedPaidContributions
26	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.ValueOfPlanAssets.AdjustedValueOfPlanAssets
27	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.SignificantEventsInformation.SignificantEvent1
28	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.SignificantEventsInformation.SignificantEvent2
29	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.SignificantEventsInformation.SignificantEvent3
30	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.SignificantEventsInformation.SignificantEvent4
31	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.SignificantEventsInformation.SignificantEvent5
32	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.SignificantEventsInformation.SignificantEvent6
33	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.SignificantEventsInformation.SignificantEvent7
34	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.SignificantEventsInformation.NoSignificantEvents
35	N/A	This question does not have a corresponding node in the schema.
36	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.SignificantEventsInformation.SignificantEventsAmount
37	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.AdjustedUnfundedVestedBenefits
38	Submission	PlanData.EIN



39	Submission	PlanData.PN
40	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.VariableRatePremiumData.NonExempt.VariableRatePremiumPortion
41	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.ParticipantNotice.NotRequired
42	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.ParticipantNotice.IssuedOnTime
43	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.ParticipantNotice.Explanation
44	N/A	The schema does not have a place for the plan administrator's signature.
45	FilingData	PlanAdminSignDate
46	Submission	PlanData.Administrator.Name
47	Submission	PlanData.Administrator.EmailAddress
48	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.EnrollmentNumber
49	N/A	The schema does not have a place for the enrolled actuary's signature.
50	FilingData	ActuarySignDate
51	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.Name
52	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.EmailAddress
53	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.USAddress.AddressLine1 and FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.USAddress.AddressLine2 OR FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.ForeignAddress.AddressLine1 and FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.ForeignAddress.AddressLine2
54	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.PhoneNumber
55	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.USAddress.City OR FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.ForeignAddress.City
56	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.USAddress.State OR FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.ForeignAddress.ProvinceOrState
57	FilingData	FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.USAddress.ZipCode OR FinalFilingData.FilingPlanType.SingleEmployer.ActuaryInformation.Actuary.ForeignAddress.PostalCode

\* The field called "Variable Rate Premium Cap" on the 2007 Schedule A paper form is mapped to either ClaimSmallEmpVRPCap.yes if the plan claims the cap or ClaimSmallEmpVRPCap.no if the plan does not claim the VRP Cap.



Single-Employer Plan

Variable Rate Premium  
(See Part E for Item-by-Item Instructions)



PB0646

995706

Photocopies and downloaded forms may be filed (see instructions).

(a) Plan Year from Form 1 item 12(a): MM DD YYYY 2006 (b) EIN/PN from Form 1 item 3 (a) and (b): 9-digit EIN 3-digit PN

(c) Plan Name:

SECTION ONE: FILING METHOD.

1. Check a single box and go to item 2. See Section Five for required certifications. (a) General Rule. (b) Alternative Calculation Method (ACM). (c) Modified ACM for Plan Terminating in Distress or Involuntary Termination with proposed termination date (on or before the snapshot date) of: MM DD YYYY

SECTION TWO: UNFUNDED VESTED BENEFITS.

2. Present Value of Vested Benefits: Plan Values are determined as of: MM DD YYYY

The assumed retirement age is years. The adjusted values are based on a Required Interest Rate of % and an accrual factor of

Table with 4 columns: Description, (a) Plan Value of Vested Benefits (ACM filers only) Value, (a) Plan Value of Vested Benefits (ACM filers only) Interest Rate, (b) Adjusted Value of Vested Benefits. Rows include Retirees/beneficiaries receiving payments, Participants not receiving payments, and Total (item(1) plus item (2)).

3. Value of Plan Assets: MM DD YYYY (a) Enter value of Plan Assets as of (b) Enter contribution receivables included in item 3(a). (c) Discounted paid contributions. (Note: For plans with fewer than 500 participants, this item is optional) (d) Enter adjusted value of plan assets (item 3(a) minus item 3(b) plus item 3(c)).

4. Significant Events (ACM or Modified ACM filers with 500 or more participants only): (a) Check each significant event (S.E.) that occurred between the determination date entered in item 2 of this Schedule A and the premium snapshot date (see Part A.7 of instructions (pp. 4-6) for definitions): S.E. (1) S.E. (2) S.E. (3) S.E. (4) S.E. (5) S.E. (6) S.E. (7) No Significant Events (b) Total amount of adjustment due to significant events (If this amount is negative, please check this box:)

5. Adjusted Unfunded Vested Benefits: Enter adjusted unfunded vested benefits. (ACM filers see instructions, pp. 41-42, for interest and significant events adjustments.)





EIN/PN from Form 1 item 3 (a) and (b):

EIN

PN

**SECTION THREE: VARIABLE-RATE PREMIUM.**

**6. Variable-Rate Premium:** Enter here and on Form 1, item 14(c), either . . . . .

- (a) \$0, if item 5 was \$0; or
- (b) the amount in item 5 multiplied by 0.009.

**SECTION FOUR: PARTICIPANT NOTICE.**

**7. Participant Notice Requirement**

For the 2005 plan year, a Participant Notice under ERISA section 4011 and 29 CFR Part 4011:

- (1)  Was not required to be issued; or
- (2)  Was issued on time and in accordance with all other applicable requirements; or
- (3)  An explanation is attached.

**SECTION FIVE: CERTIFICATIONS.**

**8. Certification of Plan Administrator.** The plan administrator must sign and complete this item. See instructions, p. 42. I certify under penalty of perjury that, to the best of my knowledge and belief, the information in this Form 1 (including Schedule A and attachments) is true, correct, and complete.

<input type="text"/>	M M      D D      Y Y Y Y
Signature of Single-Employer Plan Administrator	<input type="text"/> Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print or type first name of individual who signs	Print or type last name of individual who signs	Business E-mail Address (Optional)

**9. Certification of Enrolled Actuary.** An Enrolled Actuary must sign and complete the certification below if box 1 (a) is checked, or if the plan has 500 or more participants and box 1 (b) or 1 (c) is checked.

I certify under penalty of perjury that, to the best of my knowledge and belief, the information in items 2 through 6 is true, correct, and complete.

<input type="text"/>	<input type="text"/>	M M      D D      Y Y Y Y
Enrollment Number	Signature of Enrolled Actuary	<input type="text"/> Date

<input type="text"/>	<input type="text"/>
Print or type first name of individual who signs	Print or type last name of individual who signs

<input type="text"/>	<input type="text"/>
Street Address	Telephone Number (Optional)

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code

