Form Element	Schema Element
Unnumbered - **Amended Filing checkbox**	FilingData/FinalFilingData/AmendedFiling
unnumbered - **Disaster Relief** (enter code)	FilingData/FinalFilingData/DisasterRelief/Yes/DisasterReliefText
1 - **Plan Sponsor Information** (name and address details)	Submission/Envelope/PlanData/Sponsor (See schema for detailed nodes)
1h – **Six digit Business Code**	FilingData/FinalFilingData/IndustryCode
1i - **First six digits of CUSIP number**	FilingData/FinalFilingData/CUSIP
2 – **Plan Administrator Information** - Check if same as plan sponsor and skip to item 3 _Check for name/address change	No schema equivalent. Both Sponsor and Admin information should be passed even if they are the same.
2 - **Plan Administrator Information** (name and address detail)	Submission/Envelope/PlanData/Administrator
3a - **Plan Name**	Submission/Envelope/PlanData/PlanName
3b1 - This filing is for the premium **payment year commencing and ending**	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	Submission/Envelope/PlanData/EIN Submission/Envelope/PlanData/PN

Form Element	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**	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	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 address data)	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**	FilingData/FinalFilingData/ParticipantCountDate
6b1 - **Applicable Rate**	NA - not captured in Schema
6b2 - **Participant count as of participant count date**	FilingData/FinalFilingData/ParticipantCount

Form Element	Schema Element
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	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	FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/ClaimSmallEmpVRPCap
7c - UVB Valuation date	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	FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/ComprehensiveVRP/STDPremFundTargMethod FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/ComprehensiveVRP/ALTPremFundTargMethod

Form Element	Schema Element
7d2 - **Discount rate(s)** 1st segment ____% 2nd segment ____% 3rd segment ____%	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**	FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/ComprehensiveVRP/PremFundTargAsOfUVBDate
7e - **Market value of assets as of UVB valuation date**	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)	FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/AdjustedUnfundedVestedBenefits
7g1 - **Variable-rate premium calculation** *If the plan does not qualify for the VRP cap, omit the following two items and skip to item 7g(3).* (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** *If the plan does not qualify for the VRP cap, omit the following two items and skip to item 7g(3).* **Maximum VRP** ($5 x item 6b(2) x item 6b(2))	FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/ClaimSmallEmpVRPCap/MaximumVRP

Form Element	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).	FilingData/FinalFilingData/FilingPlanType/SingleEmployer/VariableRatePremiumData/NonExempt/VariableRatePremiumPortion
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	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**	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)	FilingData/FinalFilingData/PremiumData/PremiumCredits
11 - Amount due (excess, if any, of item 9 over item 10)	FilingData/FinalFilingData/PremiumData/NetAmountDue
12 - Treatment of overpayment **Excess**, if any, of item 10 over item 9	FilingData/FinalFilingData/OverPaymentAmount/OverPaymentAmount

Form Element	Schema Element
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)	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**	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	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
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**	Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferredEIN Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferredPN Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferDate

Form Element	Schema Element
15 - **Transfers from other plans —** **Type of transfe**r: _Merger _Consolidation _Spinoff _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**	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	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
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**	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) _	FilingData/FinalFilingData/AccrualFreeze/AllPRTCPTPayServiceFrozen FilingData/FinalFilingData/AccrualFreeze/SomePRTCPTPayServiceFrozen FilingData/FinalFilingData/AccrualFreeze/AllPRTCPTServiceFrozen FilingData/FinalFilingData/AccrualFreeze/SomePRTCPTServiceFrozen FilingData/FinalFilingData/AccrualFreeze/OtherExplanation

Form Element	Schema Element
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
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
20 - Attachments (paper filers only)	N/A – there are no attachments in an electronic filing.
21 - C**ertification of Plan Administrator** — The plan administrator must sign and complete this item. **Name and contact information** for Plan Admin who signs	FilingData/PlanAdminCertification/Name FilingData/PlanAdminCertification/EmailAddress FilingData/PlanAdminCertification/PhoneNumber FilingData/PlanAdminCertification/PhoneNumberExtension
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.

Form Element	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	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	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.