PBGC Form 1-ES
Pension Benefit Guaranty Corporation
2008

Estimated Premium Payment

(Plans with 500 or more Participants in prior filing year)
For Plan Years Beginning in Calendar Year 2008

Check for Amended Filing ☐ Check for Disaster Relief ☐

Approved OMB 1212-0009
PB0834 **324679**

Only use this form to submit premium data if an exemption from mandatory electronic filing was granted for this premium filing.

1. Plan Sponsor Check for name/address change ☐	**2. Plan Administrator** Check for name/address change ☐ Check if same as sponsor and go to Item 3 ☐
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).

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.)

(d) Did PBGC grant the plan an exemption from required electronic filing for this premium 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 M M D D Y Y Y Y

5. Plan Information

(a) Plan Name

(b) Plan Year Beginning M M D D Y Y Y Y **2008**

(c) Plan Year Ending M M D D Y Y Y Y

6. Estimated premium for this plan

			Estimated Participant Count		
(a) Single-Employer	$33.00	X		=	$
(b) Multiemployer	$ 9.00	X		=	$

7. Credit balance (including overpayment from prior year and estimated short-year credit) $

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

I certify under penalty of perjury, to the best of my knowledge and belief, that all the information in this filing (other than the estimated participant count and estimated premium) is true, correct, and complete and has been determined in accordance with PBGC's premium regulations and instructions.

Signature of Plan Administrator	Date M M D D Y Y Y Y	Telephone Number (include Area Code)

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