

Webcast
E-Filing 2008 Comprehensive
Premium Filing to PBGC
via My Plan Administration Account
(My PAA)

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Practitioner Problem Resolution Officer
(with Patty Raymond & Shirley Jones)

September 2008

Premium E-Filing to PBGC via My PAA

- **Objective:** To review the My PAA data entry and editing screens used for creating and submitting 2008 Comprehensive Filings.
- **Will Briefly Describe Getting Started:**
 - Web site Information: Review My PAA & premium information.
 - Account Management: Set up user ID & password.
 - Filing Coordinator: Set up plans and e-filing teams.
- **Will Briefly Describe E-Filing and E-Payment Options:**
 - Use My PAA's Data Entry and Editing Screens.
 - Use Compatible Software and then Import or Upload File.
 - Pay Within My PAA or Outside My PAA.

Premium E-Filing: Before You Start

- **Go to:** www.pbgc.gov and click on the Practitioners Tab to see links to What's New, My PAA, Premium Instructions & other info.
- **Review “What’s New” Page:** has items of interest for practitioners -- who can now sign up for e-mail notifications when new items are added.
- **Review Online Premium Filing (My PAA) Page:** has links to e-filing and e-payment options, online demos (similar to today’s Webcast), FAQs, detailed users manual & much more.

My PAA: How To Get Started

- Sign up for a My PAA account (on My PAA Page) as soon as you know you will be involved with e-filing (only one account for all plans and activities).
- Consider how your company functions, actuary & sponsor preferences, and each person's willingness to participate.
- Agree upon the most appropriate e-filing & payment methods to be used for each sponsor/plan.
- Identify each plan's e-filing team members, confirm each person's role, & verify that each has signed up for an account.
- Identify the Filing Coordinator who will:
 - Add plans as needed (must have at least one plan in account),
 - Set up e-filing team as needed by “inviting practitioners” and “setting permissions”.

E-Filing Options

- Upload: if use compatible software & each person not willing/able to set up an account:
 - Only uploader must have an account with one plan in account.
 - Filing(s) must be complete when uploaded (& must be certified).
 - Only uploader sees confirmation - submitted data not visible.
- Import: if use compatible software & each person is willing to set up an account (with plan in account):
 - Complete, e-sign & submit filing(s) using My PAA.
 - Receipts with confirmation & submitted filing data on Plan Page.
- Use My PAA's Data Entry/Editing Screens: if each person is willing to set up an account (with plan in account):
 - Create, complete, e-sign & submit filing using My PAA.
 - Receipts with confirmation & submitted filing data on Plan Page.

E-Payment Options

- Pay Within My PAA: ACH, Internet Check, Credit Card (for uploads – only single filings).
- Pay Outside My PAA: ACH, Fedwire, Paper Check (always include EIN/PN and Plan Year Commencement date).
- Payment must still be timely.
- Vouchers for paper checks helpful - not required:
 - Print from within My PAA when offered.
 - Print blank voucher from Online Premium Filing (My PAA) Page.
 - Include EIN/PN & PYC on paper check.

Home Page

Add a Plan to your Account

[Instructions](#)

There must be at least one plan in your account to e-file.

[Add a Plan as Filing Coordinator](#)

Fiona Filer's Inbox (filings requiring your input)

[Instructions](#)

Only for filings created using My PAA data entry screens and imported filings.

There are no filings in your Inbox.

Create Filing In My PAA Data Entry & Editing Screens (for any plan in your account)

Plans in Your Account

[Instructions](#)

Plan Name (EIN/PN)

Pension Plan for Employees of XYZ Inc.
(80-1234567 / 001)

[Go to Plan Page](#)

[Invite a Practitioner](#)

[Create Filing](#)

Import Software-Prepared Filing(s) into My PAA Editing Screens

[Instructions](#)

Import filing(s) for any plan(s) in your account

[Import Filing\(s\)](#)

Upload Software-Prepared Filing(s)

[Instructions](#)

Upload filing(s) for any plan(s) once you have at least one plan in your account.

[Upload Filing\(s\)](#)

You have not uploaded any software-prepared filings.

Administrator

[View Profile](#)

[View Profile](#)

How to File

Online filing with My PAA is a 3-step process:

[More Details](#)

- 1 Start a Draft Filing
- 2 Edit Draft, Sign Filing, and Select Payment Alternative
- 3 Submit Filing with Payment (if any)

Identify Plan Year

Select the plan year and filing type for the filing you wish to create:

select one

Continue

Cancel

How to File

Online filing with My PAA is a 3-step process:

[More Details](#)

- 1 Start a Draft Filing
- 2 Edit Draft, Sign Filing, and Select Payment Alternative
- 3 Submit Filing with Payment (if any)

Identify Plan Year

Select the plan year and filing type for the filing you wish to create:

2008 Comprehensive Premium Filing
select one
2008 Comprehensive Premium Filing
2008 Estimated Flat-rate Premium Filing
2004-2007 Premium Filing

Continue Cancel

Step 1: Start a Draft Filing

Pension Plan for Employees of XYZ Inc.
80-1234567 / 001

Please note: You will be automatically logged out of My PAA after 20 minutes of inactivity. This could result in a loss of any information you entered in My PAA.



Identify Filing to be Made

[> Instructions](#)

Premium is for plan year commencing:
(ex. MM/DD/YYYY)

Premium is for plan year ending:
(ex. MM/DD/YYYY)

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

(ex. MM/DD/YYYY)

This is an amended filing

This is an amended filing

> [Instructions](#)

Multiemployer plan

or

Single-employer plan
(Includes Multiple-employer plan)

> [Instructions](#)

Estimated Flat-rate Premium Filing

or

Comprehensive Premium Filing

> [Instructions](#)

Proration

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).

Plan size (based on prior year participant count):

Small (fewer than 100)

Large (500 or more)

Mid-size (100-499)

N/A; first year's filing

Save & Continue >

Cancel

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2008
Pension Plan for Employees of XYZ Inc.
80-1234567 / 001



Enter Plan and Filing Information

Save & Continue >

< Back

Cancel

[Instructions](#)

Plan name:

Pension Plan for Employees of XYZ Inc.

[Instructions](#)

Previous filing EIN: 80-1234567

Previous filing PN: 001

Current EIN: (ex. 11-1111111)

Current PN: (ex. 111)

Form 5500 EIN and PN Information:

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:

Previous filing EIN: 80-1234567

Previous filing PN: 001

Current EIN: (ex. 11-1111111)

Current PN: (ex. 111)

Form 5500 EIN and PN Information:

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: (ex. 11-1111111)

PN: (ex. 111)

Character Limit 256

➤ [Business Code Lookup](#)

6-digit business code: (ex. 111111)

➤ [Instructions](#)

First 6 digits of CUSIP number: (ex. 111111)

➤ [Instructions](#)

6-digit business code:

(ex. 111111)

[Instructions](#)

First 6 digits of CUSIP number:

(ex. 111111)

[Instructions](#)

Disaster Relief (enter code):

(ex. XX-XX)

(For Disaster Relief Announcements, [click here](#))

Is this plan exempt from the Variable-rate Premium?

- No
- Yes, because the plan has no vested participants
- Yes, because the plan is a 412(e)(3) plan
- Yes, because the plan is undergoing a standard plan termination with a proposed termination date of:

[Instructions](#)

(ex. MM/DD/YYYY)

Save & Continue >

< Back

Cancel

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2008
Pension Plan for Employees of XYZ Inc.
80-1234567 / 001



Enter Plan Sponsor and Administrator Information

Save & Continue >

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Cancel

Plan Sponsor Information

[Instructions](#)

Name:

Address:

City:

State:

Zip:

(ex. 11111 or 11111-1111)

Country:

Plan Administrator Information

[Instructions](#)

Check if same as Plan Sponsor

To make changes to the Plan Administrator information, remove the check mark

City: **State:** **Zip:** (ex. 11111 or 11111-1111)
Country:

Plan Administrator Information

[Instructions](#)

Check if same as Plan Sponsor

To make changes to the Plan Administrator information, remove the check mark.

Name:

Address:

City: **State:** **Zip:** (ex. 11111 or 11111-1111)

Country:

Plan Contact Information

[Instructions](#)

Contact Name:

Phone: (ex. 111-111-1111)

Ext: (ex. 111111)

E-mail: (ex. aa@a.com)

Save & Continue >

< Back

Cancel

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2008
Pension Plan for Employees of XYZ Inc.
80-1234567 / 001



Calculate Premium Due

Save & Continue >

< Back

Cancel

Save & Exit

Flat-rate Premium

[Instructions](#)

Participant Count Date: (ex. MM/DD/YYYY)

Single-employer Flat-rate: \$33.00

Participant Count as of Participant Count Date: x (ex. 1,111,111)

Flat-rate Premium: = \$18,546.00

Variable-rate Premium

Alternative Premium Funding Target Election

[Instructions](#)

Check box to indicate that the plan is electing to use the alternative premium funding target

Single-employer Flat-rate:		\$33.00	
Participant Count as of Participant Count Date:	x	<input type="text" value="562"/>	(ex. 1,111,111)
Flat-rate Premium:	=	\$18,546.00	<input type="button" value="Calculate"/>

Variable-rate Premium

Alternative Premium Funding Target Election

[Instructions](#)

- 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.

Note that an election cannot be revoked for any premium payment year that begins less than five calendar years after the date the premium payment year reported in the filing begins. If an election is currently in effect, do not make an election again.

VRP cap qualification

[Instructions](#)

If this plan qualifies for the VRP cap applicable to certain plans of small employers (those with 25 or fewer employees), select one of the following statements:

- The plan is reporting unfunded vested benefits (UVBs), so that My PAA can determine which is less: the VRP based on UVBs or the maximum VRP.
- The plan is not reporting UVB information, and instead, will pay the maximum VRP without regard to whether the VRP would be lower if the exact calculation was done.

<input type="button" value="Save & Continue >"/>	<input type="button" value=" < Back"/>	<input type="button" value="Cancel"/>	<input type="button" value="Save & Exit"/>
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Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2008
Pension Plan for Employees of XYZ Inc.
80-1234567 / 001



Calculate Variable-rate Premium

Save & Continue >

< Back

Cancel

Save & Exit

[Instructions](#)

UVB valuation date: (ex. MM/DD/YYYY)

Premium Funding Target Information

Check box if the reported premium funding target information is an estimate.

Premium funding target method: Standard Alternative

Discount rates

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2008
Pension Plan for Employees of XYZ Inc.
80-1234567 / 001



Variable-rate Premium Due

Save & Continue >

< Back

Cancel

Save & Exit

» [Instructions](#)

Variable-rate premium: \$4,500.00

Save & Continue >

< Back

Cancel

Save & Exit

Step 1: Start a Draft Filing

**Comprehensive Filing for Plan Year Commencing 1/1/2008
Pension Plan for Employees of XYZ Inc.
80-1234567 / 001**



Calculate Total Premium Payment

[Instructions](#)

Flat-rate Premium:		\$18,546.00	
Variable-rate Premium:	+	\$4,500.00	
Total Premium:	=	\$23,046.00	
Premium credit (including any payments already made for this premium payment year and any overpayment from the prior plan year unless refund was requested):	-	\$ <input type="text" value="500.00"/>	(ex. 1,111,111.11)
Amount Due:	=	\$22,546.00	<input type="button" value="Calculate"/>

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2008
Pension Plan for Employees of XYZ Inc.
80-1234567 / 001



Report Miscellaneous Information

Save & Continue >

< Back

Cancel

Save & Exit

[Instructions](#)

Final Filing

[Clear information](#)

If this is the last filing for this plan, enter the date of event and select the reason that best describes why filing obligation is ceasing:

(ex. MM/DD/YYYY)

Merger/Consolidation

Distribution pursuant to termination

Trusteeship

Cessation of covered status

New and Newly Covered Plans

If this filing is for a new plan or a newly-covered plan, report the:

Plan effective date: (ex. MM/DD/YYYY)

Filing obligation is ceasing:

(ex. MM/DD/YYYY)

- Merger/Consolidation Distribution pursuant to termination
 Trusteeship Cessation of covered status

New and Newly Covered Plans

If this filing is for a new plan or a newly-covered plan, report the:

Plan effective date: (ex. MM/DD/YYYY)

Plan adoption date: (ex. MM/DD/YYYY)

Plan coverage date: (ex. MM/DD/YYYY)

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:

(ex. MM/DD/YYYY)

Accrual Freeze

[-> Clear information](#)

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 and select the reason that best describes the nature of the freeze:

(ex. MM/DD/YYYY)

- 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

(ex. MM/DD/YYYY)

Accrual Freeze

[Clear information](#)

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 and select the reason that best describes the nature of the freeze:

(ex. MM/DD/YYYY)

- 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)

Character Limit 4,000

Save & Continue >

< Back

Cancel

Save & Exit

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2008
Pension Plan for Employees of XYZ Inc.
80-1234567 / 001



Report Transfers From Other Plans

[Save & Continue >](#)
 [< Back](#)
 [Cancel](#)
 [Save & Exit](#)

[> Instructions](#)

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 the assets or liabilities were transferred (if transfer involved a new or newly-covered plan, see instructions).

[> Clear all rows](#)

EIN (ex. 11-1111111)	PN (ex. 111)	Date of transfer (ex. MM/DD/YYYY)	Type of transfer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other > Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other > Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other > Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other > Clear

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2008
Pension Plan for Employees of XYZ Inc.
80-1234567 / 001



Report Transfers To Other Plans

[Save & Continue >](#)
[< Back](#)
[Cancel](#)
[Save & Exit](#)
[> Instructions](#)

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).

[> Clear all rows](#)

EIN (ex. 11-1111111)	PN (ex. 111)	Date of Transfer (ex. MM/DD/YYYY)	Type of transfer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other > Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other > Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other > Clear
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Merger <input type="radio"/> Consolidation <input type="radio"/> Spinoff <input type="radio"/> Other > Clear

Step 1: Start a Draft Filing

Comprehensive Filing for Plan Year Commencing 1/1/2008
Pension Plan for Employees of XYZ Inc.
80-1234567 / 001



Save Filing and Proceed to Step 2

Save & Continue >

Cancel

Please verify that all information is correct. To change information, click 'Edit'. If you are satisfied and do not need to make any changes, click 'Save & Continue'.

Note: N/A indicates that this item was not answered or is not applicable.

Identify Filing to be Made	Edit
Plan Year Commencement Date:	1/1/2008
Plan Year Ending Date:	12/31/2008
Date plan year change adopted (if any):	N/A
Plan Type:	Single-employer
Filing Type:	Comprehensive
Plan qualifies for proration:	Not Checked
Plan size (based on prior year participant count):	Large (500 or more)

Please verify that all information is correct. To change information, click 'Edit'. If you are satisfied and do not need to make any changes, click 'Save & Continue'.

Note: N/A indicates that this item was not answered or is not applicable.

Identify Filing to be Made	Edit
Plan Year Commencement Date:	1/1/2008
Plan Year Ending Date:	12/31/2008
Date plan year change adopted (if any):	N/A
Plan Type:	Single-employer
Filing Type:	Comprehensive
Plan qualifies for proration:	Not Checked
Plan size (based on prior year participant count):	Large (500 or more)

Enter Plan and Filing Information	Edit
Plan Name:	Pension Plan for Employees of XYZ Inc.
Previous EIN / PN:	80-1234567 / 001
Current EIN / PN:	80-1234567 / 001
EIN/PN from 2007 Form 5500 (if different):	N/A
Explanation as to why EIN/PN does not match entry on 2007 Form 5500:	N/A
6-digit business code:	111100
First 6 digits of CUSIP number:	N/A
Disaster Relief Code:	N/A

Enter Plan Sponsor and Administrator Information [Edit](#)

Name of Plan Sponsor:	Credit Union of XYZ Inc.
Plan Sponsor Address:	3434 East Takoma Pkwy Washington, DC 20003 US
Name of Plan Administrator:	Credit Union of XYZ Inc.
Plan Administrator Address:	3434 East Takoma Pkwy Washington, DC 20003 US
Name of Plan Contact:	Calvin Contact
Phone:	202-326-4000
Ext:	5544
E-mail:	Calvin@XYZinc.comx

Calculate Premium Due [Edit](#)**Flat-rate Premium**

Participant Count Date:	12/31/2007
Single-employer Flat Rate:	\$33.00
Participant Count for this Plan Year:	562
Flat-rate Premium:	\$18,546.00

Variable-rate Premium

Alternative premium funding target election:	Not Checked
Plan qualifies for the small-employer VDB cap and is reporting IVPs:	Not Checked

Calculate Variable-rate Premium[Edit](#)

UVB Valuation Date:	1/1/2008
Premium Funding Target Information	
Premium funding target is an estimate:	Not Checked
Premium funding target method:	Standard
Discount Rates:	Segment rates
Segment Rates:	
1st Segment:	4.93%
2nd Segment:	6.13%
3rd Segment:	6.69%
Premium funding target:	\$2,000,000.00
Market value of assets:	\$1,500,000.00
Unfunded Vested Benefits before rounding:	\$500,000.00
Unfunded Vested benefits rounded to the next \$1,000:	\$500,000.00

Variable-rate Premium Due[Edit](#)

Variable-rate Premium:	\$4,500.00
-------------------------------	------------

Calculate Total Premium Payment[Edit](#)

Flat-rate Premium:	\$18,546.00
---------------------------	-------------

Final Filing

Date of Event: N/A
Filing obligation is ceasing due to: N/A

New and Newly Covered Plans

Plan effective date: N/A
Plan adoption date: N/A
Plan coverage date: N/A

Participation Freeze Date: N/A

Accrual Freeze

Date: N/A
Nature of the accrual freeze: N/A

Report Transfers From Other Plans [Edit](#)

Transferor plan(s): N/A

Report Transfers To Other Plans [Edit](#)

Transferee plan(s): N/A

Save & Continue >

Cancel

YOU HAVE CREATED A DRAFT FILING FOR Pension Plan for Employees of XYZ Inc., 80-1234567 / 001. **THIS FILING IS NOT COMPLETE AND HAS NOT BEEN SUBMITTED TO PBGC.** YOU MUST OBTAIN THE SIGNATURE OF THE PLAN ADMINISTRATOR AND ENROLLED ACTUARY (IF NECESSARY) BEFORE YOU CAN SUBMIT YOUR FILING TO PBGC.

Note: For a premium filing to be considered timely, both the filing and the payment of any associated premium must be submitted by the filing due date. If a payment is due for the draft filing you just created, My PAA will require you to indicate how the payment will be made (either with My PAA, a paper check, or an electronic funds transfer outside of My PAA) before you can submit your filing to PBGC.

Click the button below to go to My PAA's Filing Manager. The Filing Manager enables you to route the filing to the necessary people to obtain their input to the filing as well as their signatures and payment authorization. Once these are completed, the Filing Manager will display a "Submit to PBGC" button that you can select. This will electronically send your premium filing and payment to PBGC via the Internet.

[Go to Filing Manager](#)

Step 2: Edit Draft, Sign Filing, and Select Payment Alternative

Comprehensive Filing for Plan Year Commencing 1/1/2008
Pension Plan for Employees of XYZ Inc.
80-1234567 / 001



Filing Manager

Delete Filing

Filing Task List

» [Instructions](#)

If a change is made that affects the amount due or the variable-rate premium information (if any), all signatures and payment authorizations that have been collected will be removed from the filing. The filing will have to be re-signed and the payment reauthorized by all required parties.

View/Edit Filing	This filing contains all the required information.
Sign	Plan Administrator Signature Required
	Actuary Signature Required
Authorize	Paying Agent Authorization Required

NOTE: THIS FILING HAS NOT YET BEEN SUBMITTED TO PBGC.

In order to submit the filing:

- The first item in the list above must state: "This filing contains all the required information."
- Each required signature item above must show a check mark rather than a "Sign" button.
- The payment authorization above (if required) must show a check mark rather than an "Authorize" button.

Once these three items are complete, the Plan Administrator and Filing Coordinator will see the Submit

Approval for Comprehensive Filing

**Comprehensive Filing for Plan Year Commencing 1/1/2008
Pension Plan for Employees of XYZ Inc.
80-1234567 / 001**

Certification of Single-Employer Plan Administrator

[Instructions](#)

I certify under penalty of perjury, to the best of my knowledge and belief, that all the information in the filing is true, correct and complete and has been determined in accordance with the PBGC's premium regulations and instructions, except that if the filing reports an estimated premium funding target, the estimate is reasonable, takes into account the most current information available to the enrolled actuary, and has been determined in accordance with generally accepted actuarial principles and practices, and that if I received variable-rate premium information certified by an enrolled actuary for this filing, the variable-rate premium information in the filing is the same as the variable-rate premium information certified by the enrolled actuary.

Your Personal Information (To update this information, select the My Account link at the top of this page.)

First Name:	Fiona		
Last Name:	Filer		
Work Phone:	202-326-4000	Ext.	5544
Work E-mail:	FIONAFILER@PBGC.GOVxxpbgc		

As an extra security precaution, we ask that you enter below the answer to your secret question before clicking Approve Filing

I understand that under the Government Paperwork Elimination Act ("GPEA") (Title XVII of Public Law No. 105-277) my answer to my secret question will be deemed the equivalent of my handwritten

estimated premium funding target, the estimate is reasonable, takes into account the most current information available to the enrolled actuary, and has been determined in accordance with generally accepted actuarial principles and practices, and that if I received variable-rate premium information certified by an enrolled actuary for this filing, the variable-rate premium information in the filing is the same as the variable-rate premium information certified by the enrolled actuary.

Your Personal Information (To update this information, select the My Account link at the top of this page.)

First Name:	Fiona		
Last Name:	Filer		
Work Phone:	202-326-4000	Ext.	5544
Work E-mail:	FIONAFILER@PBGC.GOVxxpbgc		

As an extra security precaution, we ask that you enter below the answer to your secret question before clicking Approve Filing

I understand that under the Government Paperwork Elimination Act ("GPEA") (Title XVII of Public Law No. 105-277), my answer to my secret question will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C. 1001 (dealing with false statements) as an inked signature.

Secret Question: In what city were you born?

*** Secret Answer:**

Approve Filing

Cancel

Step 2: Edit Draft, Sign Filing, and Select Payment Alternative

Comprehensive Filing for Plan Year Commencing 1/1/2008
Pension Plan for Employees of XYZ Inc.
80-1234567 / 001



Filing Manager

Delete Filing

Filing Task List

[Instructions](#)

If a change is made that affects the amount due or the variable-rate premium information (if any), all signatures and payment authorizations that have been collected will be removed from the filing. The filing will have to be re-signed and the payment reauthorized by all required parties.

<input type="button" value="View/Edit Filing"/>	This filing contains all the required information.
<input checked="" type="checkbox"/>	Plan Administrator e-signature completed 2:48 PM. 9/11/2008 Eastern Time
	Actuary Signature Required
<input type="button" value="Authorize"/>	Paying Agent Authorization Required

NOTE: THIS FILING HAS NOT YET BEEN SUBMITTED TO PBGC.

In order to submit the filing:

- The first item in the list above must state: "This filing contains all the required information."
- Each required signature item above must show a check mark rather than a "Sign" button.
- The payment authorization above (if required) must show a check mark rather than an "Authorize" button.

Once these three items are complete, the Plan Administrator and Filing Coordinator will see the Submit

Comprehensive Filing for Plan Year Commencing 1/1/2008 Pension Plan for Employees of XYZ Inc. 80-1234567 / 001



Payment Alternatives

Important: For your filing to be considered timely, you must submit both the filing information and any premium payment due by the filing due date.

You have the following payment alternatives; please select one:

Pay Online using My PAA

Pay via Electronic Funds Transfer (outside of My PAA)

Pay using a Paper Check

Approve Payment for Comprehensive Filing

Comprehensive Filing for Plan Year Commencing 1/1/2008
Pension Plan for Employees of XYZ Inc.
80-1234567 / 001



Authorize E-Payment

Flat-rate Premium:	\$18,546.00	-> Instructions
Variable-rate Premium:	\$4,500.00	
Premium Credit:	\$500.00	
Premium Amount Due:	\$22,546.00	
Payment Amount:	\$ <input type="text" value="22,546.00"/> (ex 1,111.11)	

Payment Amount must be at least equal to the Premium Amount Due.

Note: If you are paying by credit card, the maximum Payment Amount is \$96,909.00

I wish to pay using the following method (select one):

Required fields for each payment method are marked with an asterisk

Payment Amount must be at least equal to the Premium Amount Due.

Note: If you are paying by credit card, the maximum Payment Amount is \$96,909.00

I wish to pay using the following method (select one):

Required fields for each payment method are marked with an asterisk

Automated Clearing House (ACH)

[Instructions](#)

*Bank Routing Code: (9 digits)

*Bank Account Number:

*Account Type:

*Account Holder Name:
(as it appears on the account)

*Bank Name:

I authorize to have my bank account electronically debited for the Payment Amount.

Electronic Check

[Instructions](#)

*Check Number:

*Bank Routing Code: (9 digits)

*Bank Account Number:

*Account Holder Name:
(as it appears on the account)

*Bank Name:

I authorize to have my bank account electronically debited for the Payment Amount.

Credit Card

Note: If you pay by credit card, you will be charged a credit card convenience fee of

(as it appears on the account)

***Bank Name:**

I authorize to have my bank account electronically debited for the Payment Amount.

Credit Card

Note: If you pay by credit card, you will be charged a credit card convenience fee of approximately 3.19% of the Payment Amount.

[* Instructions](#)

***Credit Card Type**

***Card Number**

***Card Expiration Date:**

Card Security Code:

***Name on Card:**
(as it appears on the credit card)

***Billing Address**

***City:**

***State**

***Zip:**

Internal Accounting Code
(optional)

Premium Payment

Comprehensive Filing for Plan Year Commencing 1/1/2008
Pension Plan for Employees of XYZ Inc.
80-1234567 / 001



Confirm Premium Payment Information

Payment Summary

Below is the payment information you are submitting. If you need to make changes to this information, click the "Edit" button.

Payment Alternative:	Paid online via My PAA
Flat-rate Premium:	\$18,546.00
Variable-rate Premium:	\$4,500.00
Premium Credit:	\$500.00
Premium Amount Due:	\$22,546.00
Amount Paid:	\$22,546.00
Credit Card Convenience Fee:	N/A
Total Amount Paid:	\$22,546.00
Method Selected:	Automated Clearing House (ACH)
Bank Routing Code:	*****6780
Bank Account Number:	***0129

For this information, click the "Edit" button.

Payment Alternative:	Paid online via My PAA
Flat-rate Premium:	\$18,546.00
Variable-rate Premium:	\$4,500.00
Premium Credit:	\$500.00
Premium Amount Due:	\$22,546.00
Amount Paid:	\$22,546.00
Credit Card Convenience Fee:	N/A
Total Amount Paid:	\$22,546.00
Method Selected:	Automated Clearing House (ACH)
Bank Routing Code:	****6780
Bank Account Number:	***0129
Account Type:	Checking Account
Account Holder Name:	XYZ Credit Union
Bank Name:	Maple Street Bank

As an added security precaution, enter below the answer to your Secret Question.

I understand that under the Government Paperwork Elimination Act ("GPEA") (Title XVII of Public Law No. 105-277), my answer to my secret question will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C. 1001 (dealing with false statements) as an inked signature.

Secret Question: In what city were you born?

* **Secret Answer:**

Authorize Payment

< Back

Cancel

Step 2: Edit Draft, Sign Filing, and Select Payment Alternative

**Comprehensive Filing for Plan Year Commencing 1/1/2008
Pension Plan for Employees of XYZ Inc.
80-1234567 / 001**



Filing Manager

Delete Filing

Filing Task List

> [Instructions](#)

If a change is made that affects the amount due or the variable-rate premium information (if any), all signatures and payment authorizations that have been collected will be removed from the filing. The filing will have to be re-signed and the payment reauthorized by all required parties.

View/Edit Filing	This filing contains all the required information.
✓	Plan Administrator e-signature completed 2:48 PM. 9/11/2008 Eastern Time
	Actuary Signature Required
✓	E-payment authorization completed 2:55 PM. 9/11/2008 Eastern Time

Edit E-Payment

NOTE: THIS FILING HAS NOT YET BEEN SUBMITTED TO PBGC.

In order to submit the filing:

- The first item in the list above must state: "This filing contains all the required information."
- Each required signature item above must show a check mark rather than a "Sign" button.
- The payment authorization above (if required) must show a check mark rather than an "Authorize" button.

will have to be re-signed and the payment reauthorized by all required parties.

[View/Edit Filing](#)

This filing contains all the required information.

✓ **Plan Administrator e-signature completed**
2:48 PM. 9/11/2008 Eastern Time

Actuary Signature Required

✓ **E-payment authorization completed**
2:55 PM. 9/11/2008 Eastern Time

[Edit E-Payment](#)

NOTE: THIS FILING HAS NOT YET BEEN SUBMITTED TO PBGC.

In order to submit the filing:

- The first item in the list above must state: "This filing contains all the required information."
- Each required signature item above must show a check mark rather than a "Sign" button.
- The payment authorization above (if required) must show a check mark rather than an "Authorize" button.

Once these three items are complete, the Plan Administrator and Filing Coordinator will see the Submit Filing option(s) in this space that will allow them to submit the filing to PBGC.

Routing

[Instructions](#)

Filing currently held by: **Fiona Filer**

Name	Permissions	Phone	E-mail	
Fiona Filer	Preparer, Paying Agent, Plan Administrator, View Account History, Filing Coordinator	202-326-4000	fionafiler@pbgc.gov	Holding
Eddy Actuary	Preparer, View Account History, Actuary,	202-326-4000	eddy@fakemail.com	Route To

Step 3: Submit Filing (with payment, if due)

Comprehensive Filing for Plan Year Commencing 1/1/2008
Pension Plan for Employees of XYZ Inc.
 80-1234567 / 001



Filing Manager

[Delete Filing](#)

Filing Task List

[Instructions](#)

If a change is made that affects the amount due or the variable-rate premium information (if any), all signatures and payment authorizations that have been collected will be removed from the filing. The filing will have to be re-signed and the payment reauthorized by all required parties.

View/Edit Filing	This filing contains all the required information.
✓	Plan Administrator e-signature completed 2:48 PM. 9/11/2008 Eastern Time
✓	Enrolled Actuary e-signature completed 3:00 PM. 9/11/2008 Eastern Time
✓	E-payment authorization completed 2:55 PM. 9/11/2008 Eastern Time

[Edit E-Payment](#)

NOTE: THIS FILING HAS NOT YET BEEN SUBMITTED. Select the submit option below.

Submit Filing/Payment to PBGC: [Now](#) [Select a Date to Submit](#)

Note: This process could take a while to complete. Only select the Submit button once or you will

Submit Confirmation

Are you sure you are ready to submit the 2008 Comprehensive Filing to PBGC? Selecting the "Submit" button will send the filing to PBGC. Selecting the "Return" button will return you to the Filing Manager page.

Receipt for Comprehensive Filing

Date/Time Filing Received: 9/11/2008 3:02 PM Eastern Time

Your reference number for this transaction is **816229**

Please print this receipt for your records and refer to it for customer service inquiries regarding this transaction.

Please note that this transaction is subject to further verification and does not guarantee satisfaction of filing requirement or premium liability. If this filing is late or the premium paid insufficient, PBGC will subsequently send the Plan Administrator a Statement of Account (Premium Invoice) that shows the amount owed PBGC.

Payment Alternative:	Paid online via My PAA
Flat-rate Premium:	\$18,546.00
Variable-rate Premium:	\$4,500.00
Premium Credit:	\$500.00
Premium Amount Due:	\$22,546.00
Amount Paid:	\$22,546.00
Credit Card Convenience Fee:	N/A
Total Amount Paid:	\$22,546.00
Method Selected:	Automated Clearing House (ACH)
Bank Routing Code:	*****6780
Bank Account Number:	*****29
Account Type:	Checking Account
Account Holder Name:	XYZ Credit Union
Bank Name:	Maple Street Bank

Amended Filing

2008 PBGC Comprehensive Premium Filing Receipt
DO NOT MAIL TO PBGC

Disaster Relief (enter code) _____

Part I - General Plan Information

1 Plan sponsor information

a Name: Credit Union of XYZ Inc.

b Address line 1: 3434 East Takoma Pkwy

c Address line 2: _____

d City: Washington

e State: DC

f Zip: 20003

g Country (if not US): _____

h Six-digit business code: 111100

i First six digits of CUSIP number: _____

2 Plan administrator information

a Name: Credit Union of XYZ Inc.

b Address line 1: 3434 East Takoma Pkwy

c Address line 2: _____

d City: Washington

e State: DC

f Zip: 20003

g Country (if not US): _____

3 Plan information

a Plan name: Pension Plan for Employees of XYZ Inc.

b Premium payment year information:

(1) This filing is for the premium payment year commencing 01/01/2008 and ending 12/31/2008.

(2) 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 __/__/__.

(3) 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).

c Employer Identification Number and Plan Number information:

(1) EIN and PN: EIN 80-1234567 PN 001

4 Plan contactName: Calvin Contact Phone number: 202-326-4000 ext 5544E-mail address: Calvin@XYZinc.comx**Part II— Alternative Premium Funding Target Election**

Single-employer plans only. Multiemployer plans – skip to Part III

- 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.

Note that an election cannot be revoked for any premium payment year that begins less than five calendar years after the date the premium payment year reported in this filing begins. If an election is currently in effect, do not make an election again.

Part III — Premium Information**6 Flat-rate premium****a** Participant count date: Month 12 Day 31 Year 2007**b** Flat-rate premium calculation

(1) Applicable rate (Single-employer plans enter \$33; Multiemployer plans, enter \$9)	<u>\$33.00</u>
(2) Participant count as of participant count date	<u>562</u>
(3) Flat-rate premium (item 6b(1) x item 6b(2))	<u>\$18,546.00</u>

7 Variable-rate premium (VRP) - Single-employer plans only (Multiemployer plans – skip to item 8)**a** Exemptions — If an exemption applies, check applicable box and skip to item 8.
 No vested participants
 412(e)(3) plan
 Standard termination with a proposed termination date of / /

b 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 . If box is checked, items 7c through 7g(1) may, but need not, be omitted.

c UVB Valuation date: Month 01 Day 01 Year 2008**d** Premium funding target information — Check box if the reported premium funding target information is an estimate.**(1)** Premium funding target method: Standard Alternative

d Premium funding target information — Check box if the reported premium funding target information is an estimate.

(1) Premium funding target method: Standard Alternative

(2) Discount rate(s) 1st segment 4.93% 2nd segment 6.13% 3rd segment 6.69% N/A, full yield curve used

(3) Premium funding target as of UVB valuation date \$2,000,000.00

e Market value of assets as of UVB valuation date \$1,500,000.00

f Unfunded vested benefits (excess, if any, of item 7d(3) over item 7e, rounded up to the next \$1,000) \$500,000.00

g 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) _____

(2) Maximum VRP (\$5 x item 6b(2) x item 6b(2)) _____

(3) 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).

\$4,500.00

8 Premium proration (If the plan does not qualify for premium proration, skip to item 9)

a Number of months (complete and partial) in the short plan year _____

b Total premium before reflecting proration
(item 6b(3) + item 7g(3), if applicable) _____

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.

\$23,046.00

10 Premium credit (including any payments already made for this premium payment year and any overpayment from prior plan year unless refund was requested) \$500.00

11 Amount due (excess, if any, of item 9 over item 10) \$22,546.00

12 Treatment of overpayment

a Excess, if any, of item 10 over item 9 _____

b Treatment of balance (select one):

- Credit towards next year's premium Refund by check Refund by electronic funds transfer (preferred refund option)

If you select a refund by electronic funds transfer, complete the following information:

Type of account Checking Savings

Bank routing number _____

Account number _____

Sub-account number (if any) _____

Part IV — Miscellaneous Information

Items that do not apply should be left blank

13 Final filing — If this is the last filing for this plan, enter the date of event __/__/____ and check box that best describes why filing obligation is ceasing:

- Merger/Consolidation Trusteeship Distribution pursuant to termination Cessation of covered status

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 covered date __/__/____.

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 __/__/____
Type of transfer: Merger Consolidation Spinoff 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 __/__/____
Type of transfer: Merger Consolidation Spinoff 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 __/__/____.

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 __/__/____ and check box that best describes the nature of the freeze:

For all participants, both pay and service are frozen

For all participants, service is frozen, pay is not

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 / /

b 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: EIN PN .

c 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:

20 Attachments (paper filers only) - N/A

Part V — Certifications

21 Certification of Plan Administrator — The plan administrator must sign and complete this item.

I certify under penalty of perjury, to the best of my knowledge and belief, that all the information in the filing is true, correct and complete and has been determined in accordance with the PBGC's premium regulations and instructions, except that if the filing reports an estimated premium funding target, the estimate is reasonable, takes into account the most current information available to the enrolled actuary, and has been determined in accordance with generally accepted actuarial principles and practices, and that if I received variable-rate premium information certified by an enrolled actuary for this filing, the variable-rate premium information in the filing is the same as the variable-rate premium information certified by the enrolled actuary.

Name of person signing: First name Fiona Last name Filer

FIONAFILER@PBGC.GOVX

E-mail address

202- 326- 4000 ext 5544

Telephone

ELECTRONICALLY SIGNED

Signature

09/ 11/ 2008

Date

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.

I certify under penalty of perjury, to the best of my knowledge and belief, that the variable-rate premium information in the filing is true, correct and complete and

Information in the filing is the same as the variable-rate premium information certified by the enrolled actuary.

Name of person signing: First name Fiona Last name Filer

FIONAFILER@PBGC.GOVxxxpbgc
E-mail address

202- 326- 4000 ext 5544
Telephone

ELECTRONICALLY SIGNED
Signature

09/ 11/ 2008
Date

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.

I certify under penalty of perjury, to the best of my knowledge and belief, that the variable-rate premium information in the filing is true, correct and complete and has been determined in accordance with PBGC's premium regulations and instructions; except that if the premium funding target is estimated, the estimate is reasonable, takes into account the most current information available to me and has been determined in accordance with generally accepted actuarial principles and practices.

Name of person signing: First name Fiona Last name Filer

Firm

202- 326- 4000 ext 5544
Telephone

FIONAFILER@PBGC.GOVxxxpbgc
E-mail address

12345
Enrollment number

ELECTRONICALLY SIGNED
Signature

09/ 11/ 2008
Date

[Return to My PAA Home](#)

Home Page

Add a Plan to your Account

[Instructions](#)

There must be at least one plan in your account to e-file.

[Add a Plan as Filing Coordinator](#)

Fiona Filer's Inbox (filings requiring your input)

[Instructions](#)

Only for filings created using My PAA data entry screens and imported filings.

There are no filings in your Inbox.

Create Filing In My PAA Data Entry & Editing Screens (for any plan in your account)

Plans in Your Account

[Instructions](#)

Plan Name (EIN/PN)

Pension Plan for Employees of XYZ Inc.
(80-1234567 / 001)

[Go to Plan Page](#)

[Invite a Practitioner](#)

[Create Filing](#)

Import Software-Prepared Filing(s) into My PAA Editing Screens

[Instructions](#)

Import filing(s) for any plan(s) in your account

[Import Filing\(s\)](#)

Upload Software-Prepared Filing(s)

[Instructions](#)

Upload filing(s) for any plan(s) once you have at least one plan in your account.

[Upload Filing\(s\)](#)

You have not uploaded any software-prepared filings.

Administrator

[View Profile](#)

[View Profile](#)

Plan Details

Pension Plan for Employees of XYZ Inc.
80-1234567 / 001

[➤ Instructions](#)

Plan Sponsor:

Plan Administrator:

Plan Contact:

Note: The information displayed here is the most up-to-date information that PBGC has on record for this plan. For instructions on how to update this information (outside the premium filing process) call the PBGC Contact Center at 1-800-736-2444. TTY/TDD users may call the Federal relay service toll-free at 1-800-877-8339 and ask to be connected.

Premium Filings In Process Online

This section shows filings that are being prepared using My PAA's data entry and editing screens - prior to submission to PBGC. See section below to view submitted filings.

[Create Filing](#)

No filing currently in process

Premium Filing Practitioners

[Invite a Practitioner](#)

Name	Permissions	Phone	Email	
Fiona Filer	Preparer, Paying Agent, Plan Administrator, View Account History, Filing Coordinator	202-326-4000	FIONAFILER@PBGC.GOVXxxpbgc	Remove
Eddy Actuary	Actuary, View Account History, Preparer	202-326-4000	EDDY@FAKEMAIL.COM	Remove

Premium Filings Received Online By PBGC

Note: The information displayed here is the most up-to-date information that PBGC has on record for this plan. For instructions on how to update this information (outside the premium filing process) call the PBGC Contact Center at 1-800-736-2444. TTY/TDD users may call the Federal relay service toll-free at 1-800-877-8339 and ask to be connected.

Premium Filings In Process Online

This section shows filings that are being prepared using My PAA's data entry and editing screens - prior to submission to PBGC. See section below to view submitted filings.

Create Filing

No filing currently in process

Premium Filing Practitioners

Invite a Practitioner

Name	Permissions	Phone	Email	
Fiona Filer	Preparer, Paying Agent, Plan Administrator, View Account History, Filing Coordinator	202-326-4000	FIONAFILER@PBGC.GOV	Remove
Eddy Actuary	Actuary, View Account History, Preparer	202-326-4000	EDDY@FAKEMAIL.COM	Remove

Premium Filings Received Online By PBGC

Filing	ID	Received
2008 COMPREHENSIVE	816229	9/11/2008 3:02:38 PM
2008 COMPREHENSIVE	814683	8/21/2008 2:18:37 PM

Account History

[About Account Histories](#)

There will be a delay between when the filing is submitted and when it shows in the Account History. Due to the delay, this Account History may not include your most recent filing.

[Account History](#)

Account Management Tips

- Be careful when setting up your user ID, password, and secret Q&A:
 - Can't change user ID & secret Q&A once set.
 - Password is case sensitive.
 - Don't have extra spaces or caps lock on.
- Remember exactly your user ID, password, secret Q&A – you will need them again next year.
- Verify ahead of time (at least a few days before you need to file) that you have the correct User ID and Password by logging into My PAA.
- If you forget your user ID or password, click on links on right side of Log In Screen.

Filing Coordinator Tips

- To add a plan, have last premium filing info ready (which will be verified by PBGC).
- When adding a plan, be careful entering plan name – cannot edit via Home Page.
- Have sufficient coverage (multiple people) for all roles (including Filing Coordinator).
- Periodically verify e-filing team/permissions & make changes via Plan Page (remove people & change permissions).
- If no longer involved, make sure there are other Filing Coordinators before you remove yourself.

E-Filing Tips

- Screen & Imported Filings - Use Filing Manager Page to complete and submit filing:
 - Only one person can work on a filing at a time so you need to route the filing to each other.
 - You will see sign and pay buttons only if you have appropriate permissions.
 - You will see submit buttons only if the filing is complete and only if you are the Filing Coordinator or Plan Administrator (note that the Filing Coordinator can delete in-process filings).
- Uploaded Filings:
 - Once a file is uploaded, the filing(s) in it are submitted to PBGC.
 - If you indicate that there are multiple filings, you will not see the payment option screen (all filings must be paid outside My PAA).
- All Filings:
 - Use filings to update names and addresses.
 - To correct a submitted filing, must amend filing (cannot delete).
 - Be sure to receive confirmation of date/time that PBGC received your filing to verify that filing was submitted (recommend you print this page for your records).
 - Review Account History to confirm posting of filing/payment.

My PAA Usage Tips

- If you don't receive expected e-mail, see if your company's spam filter is blocking it:
 - If so, request that it be unblocked & that “@pbgc.gov” be added as a “trusted site”.
 - If not, call PBGC's customer service reps.
- Use My PAA navigation buttons rather than browser buttons & only press buttons once.
- 20 minutes of inactivity will result in being timed out & a possible loss of data (be sure to promptly save to Filing Manager Page).
- Use PBGC supported browsers (Internet Explorer 6.0 and Firefox 1.5 and above).
- If you receive import or upload XML file errors, correct errors or resolve with software vendors.

Premium Reminders

- PBGC follow-up is same as before if there are data discrepancies or amounts owed (after filing is posted to Account History).
- Cannot use My PAA to:
 - Pay invoices (Statements of Account).
 - Send a payment without submitting a filing.
 - Update a name or address without submitting a filing.
- Benefit: Can view submitted data on Plan Page (for screen and imported filings).
- Benefit: Can view plan's account history on Plan Page:
 - To confirm that each plan year is paid in full (or underpaid/overpaid).
 - Must have plan in account and "account history permission".
 - Allow sufficient time for filing/payment to be reflected on account history.
- Other e-filing benefits: provides immediate confirmation of receipt by PBGC (date/time), contributes to more accurate filings/invoices and speeds up refund processing.

More Premium Filing Reminders

- My PAA will continue to be updated each plan year with any new requirements (e.g., rate changes) and usability improvements prior to earliest due dates (February 28 & October 15).
- Premium Filing Instructions starting 2009 will only be on our Web site, within My PAA, and mailed upon request.
- If questions: e-mail us at “premiums@pbgc.gov” or call 1-800-736-2444 & select “2” for premiums (8:00am to 5:00pm Eastern Time).
- Start e-filing process early!