PBGC Form 1–ES
Pension Benefit
Guaranty Corporation
2001

Estimated Premium Payment

(Plans with 500 or more Participants in prior filing year)
For Plan Years Beginning in Calendar Year 2001
Photocopies of this form may not be filed.
Downloaded forms may be filed (see instructions).

Approved OMB 1212–0009

PB0133 534612

1. Plan Sponsor Check for address change ☐
Check if you do not want forms and instructions next year ☐

Name

Address

City State Zip

2. Plan Administrator Check for address change ☐
Check if same as plan sponsor and go to Item 3 ☐

Name

Address

City State Zip

3. Employer Identification Number/ Plan Number (EIN/PN) (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, pages 6–7.)

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.)

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 **2 0 0 1** (c) Plan Year Ending M M D D Y Y Y Y

6. Estimated premium for this plan Estimated Participant Count

(a) Single Employer $19.00 X = $

(b) Multiemployer $ 2.60 X = $

7. Premium credit balance (overpayment) from previous years or other credit
(including estimated short year credit) (See instructions, pages 7–8.) $

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 ☐ Wire Transfer (See instructions.)

Under penalties of perjury (18 U.S.C. 1001), I declare that I have examined items 1–5 and 7 of this form, and to the best of my knowledge and belief they are true, correct and complete.

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)