Sample Do Not Use

PBGC Form 1-ES
Pension Benefit Guaranty Corporation
1999

Estimated Premium Payment

(Plans with 500 or more Participants in prior filing year)
For Plan Years Beginning in Calendar Year 1999

Approved OMB 1212-0009

412787

Photocopies of this form may not be filed.

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, page 5.)

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 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 information
(a) Plan Name

(b) Plan Year Beginning M M D D Y Y Y Y 1 9 9 9

(b) 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
(See instructions, page 5.) $

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

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Print or type first name of individual who signs
Print or type last name of individual who signs
Telephone Number (include Area Code)