



Single-Employer Plan

Variable Rate Premium  
(See the 2007 Instructions for Final Premiums for  
the instructions for Schedule A)



PB0725

237486

Photocopies and downloaded forms may be filed (see instructions).

(a) Plan Year from Form 1 item 12(a): MM DD YYYY 2007 (b) EIN/PN from Form 1 item 3 (a) and (b): 9-digit EIN 3-digit PN

(c) Plan Name:

SECTION ONE: FILING METHOD.

1. Check a single box and go to item 2. See Section Five for required certifications. (a) General Rule. (b) Alternative Calculation Method (ACM). (c) Modified ACM for Plan Terminating in Distress or Involuntary Termination with proposed termination date (on or before the snapshot date) of: MM DD YYYY

SECTION TWO: UNFUNDED VESTED BENEFITS.

2. Present Value of Vested Benefits: Plan Values are determined as of: MM DD YYYY

The assumed retirement age is years. The adjusted values are based on a Required Interest Rate of % and an accrual factor of

Table with 4 columns: Description, (a) Plan Value of Vested Benefits (ACM filers only) Value, (a) Plan Value of Vested Benefits (ACM filers only) Interest Rate, (b) Adjusted Value of Vested Benefits. Rows include Retirees/beneficiaries receiving payments, Participants not receiving payments, and Total (item(1) plus item (2)).

3. Value of Plan Assets: MM DD YYYY (a) Enter value of Plan Assets as of (b) Enter contribution receivables included in item 3(a). (c) Discounted paid contributions. (Note: For plans with fewer than 500 participants, this item is optional) (d) Enter adjusted value of plan assets (item 3(a) minus item 3(b) plus item 3(c)).

4. Significant Events (ACM or Modified ACM filers with 500 or more participants only): (a) Check each significant event (S.E.) that occurred between the determination date entered in item 2 of this Schedule A and the premium snapshot date (see Part A.7 of instructions (pp. 5-6) for definitions): S.E. (1) S.E. (2) S.E. (3) S.E. (4) S.E. (5) S.E. (6) S.E. (7) No Significant Events (b) Total amount of adjustment due to significant events (If this amount is negative, please check this box:)

5. Adjusted Unfunded Vested Benefits: Enter adjusted unfunded vested benefits. (ACM filers see instructions, pp. 39-40, for interest and significant events adjustments.)





EIN/PN from Form 1 item 3 (a) and (b):

EIN

PN

**SECTION THREE: VARIABLE-RATE PREMIUM.**

**6. Variable-Rate Premium Cap:** check one (see instructions)

- (a)  The plan is not claiming qualification for the cap on the variable-rate premium for certain plans of small employers (those with 25 or fewer employees).
- (b)  The plan qualifies for the cap on the variable-rate premium for certain plans of small employers (those with 25 or fewer employees).

**7. Variable-Rate Premium:** Enter here and on Form 1, item 14(c), either .....

- (a) if box 6(a) is checked, the amount in item 5 multiplied by 0.009; or
- (b) if box 6(b) is checked, the lesser of
- (1) the amount in item 5 multiplied by 0.009, or
- (2) \$5 multiplied by the square of the participant count in item 13, Form 1.

**SECTION FOUR: PARTICIPANT NOTICE.**

**8. Participant Notice Requirement**

For the 2006 plan year, a Participant Notice under ERISA section 4011 and 29 CFR Part 4011:

- (1)  Was not required to be issued; or (2)  Was issued on time and in accordance with all other applicable requirements; or
- (3)  An explanation is attached.

**SECTION FIVE: CERTIFICATIONS.**

**9. Certification of Plan Administrator.** The plan administrator must sign and complete this item. See instructions, p. 41.

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

M M      D D      Y Y Y Y



Signature of Single-Employer Plan Administrator

Date



Print or type first name of individual who signs    Print or type last name of individual who signs

Business E-mail Address (Optional)

**10. Certification of Enrolled Actuary.** An Enrolled Actuary must sign and complete the certification below if box 1 (a) is checked, or if the plan has 500 or more participants and box 1 (b) or 1 (c) is checked.

I certify under penalty of perjury, to the best of my knowledge and belief, that the variable-rate premium information in this filing is true, correct, and complete and has been determined in accordance with PBGC's premium regulations and instructions.

M M      D D      Y Y Y Y




Enrollment Number

Signature of Enrolled Actuary

Date



Print or type first name of individual who signs    Print or type last name of individual who signs

Business E-mail Address (Optional)



Street Address

Telephone Number (Optional)




City

State

Zip Code

