

2010 Estimated Flat-rate Premium Filings, Data Mapping for Sample XML files

No.	Filing Description	XML File Name
1	Filing Type: Single-employer Elements illustrated: 1. Amended <ul style="list-style-type: none"> a. Includes Amended EIN/PN Combination b. Includes Amended PYC/PYE Combination 	Est_2010_Sample_1
2	Filing Type: Single-employer Elements Illustrated: 1. Premium Information <ul style="list-style-type: none"> a. Premium is prorated due to short plan year 2. Claims disaster relief 3. Includes EIN/PN Change	Est_2010_Sample_2
3	Filing Type: Multiemployer plan Elements Illustrated: 1. Basic 2010 Estimated data	Est_2010_Sample_3

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Form Element	Est_2010_Sample_1.xml	Est_2010_Sample_2.xml	Est_2010_Sample_3.xml	Schema Element
Unnumbered - Amended Filing checkbox	Yes			FilingData/EstimatedFilingData/AmendedFiling
unnumbered - Disaster Relief (enter code)		10-01		FilingData/EstimatedFilingData/DisasterRelief/Yes/DisasterReliefText
1 - Plan Sponsor Information (name and address details)	Sally Soo 188 Brookline Avenue Boston, MA 02115	John Doe 304 Ester Avenue Toronto, ON CA, M2N 5H6	Company of New York 100 Park Avenue New York, NY 12345	Submission/Envelope/PlanData/Sponsor (See schema for detailed nodes)
2 - Plan Administrator Information (name and address detail)	Jane Doe 100 South Street Suite 77 Washington, DC 200009	Board of Trustees for ABC Plan 1205 Shaunseve Dr. Halifax, NS B3M 3N3	New York Trustees 100 Park Avenue New York, NY 12345	Submission/Envelope/PlanData/Administrator
3a - Plan Name	Pension Plan for ABC Company	123 Company Pension Plan	XYZ Pension Plan for ABC Company	Submission/Envelope/PlanData/PlanName
3b1 - This filing is for the premium payment year commencing and ending	2010-01-01 2010-12-31	2010-01-01 2010-12-31	2010-02-01 2010-12-31	Submission/Envelope/PlanData/PlanYearBeginDate Submission/Envelope/PlanData/PlanYearEndDate
3b2 – 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).		Checked		FilingData/Proration (the checked box itself is not captured as an element in the schema, the presence of the proration node indicates that it is applicable. When present, the number of months is required)
3c1 - Employer Identification Number and Plan Number information. EIN, PN	11-1111111 111	22-2222222 222	33-3333333 333	Submission/Envelope/PlanData/EIN Submission/Envelope/PlanData/PN
3c2 - If the EIN and PN are not both the same as on the most recent premium filing, enter EIN and PN from most recent premium filing:		22-2222222 111		Submission/Envelope/PlanData/PreviousEIN Submission/Envelope/PlanData/PreviousPN

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Form Element	Est_2010_Sample_1.xml	Est_2010_Sample_2.xml	Est_2010_Sample_3.xml	Schema Element
3d - Plan Type	Single-employer	Single-employer	Multiemployer	This is identified by the presence of the Premium Amount field FilingData/EstimatedFilingData/PremiumAmount/SingleEmployerPremium FilingData/EstimatedFilingData/PremiumAmount/MultiEmployer
4b Estimated Participant Count	100	100	100	FilingData/EstimatedFilingData/ParticipantCount
4c1 – Premium proration (If the plan does not qualify for premium proration, skip to item 9) Number of months (complete and partial) in the short plan year		4		FilingData/Proration/ProrationMonths
4c2 – Estimated flat-rate premium before reflecting proration (item 4a x item 4b) For Single or MultiEmployer Plans		3400		FilingData/EstimatedFilingData/Proration/PremiumBeforeProration
4d – Estimated Flat-rate premium If the plan does not qualify for premium proration, (item 4a x item 4b), if applicable If the plan qualifies for premium proration, item 4c(2) x item 4c(1) ÷ 12. For Single and MultiEmployer plans				
5 - Premium credit (including any payments already made for this premium payment year and any overpayment from prior plan year unless refund was requested)	1000	0	10.50	FilingData/EstimatedFilingData/PremiumCreditBalance

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Form Element	Est_2010_Sample_1.xml	Est_2010_Sample_2.xml	Est_2010_Sample_3.xml	Schema Element
<p>6 - Amount due excess, if any, of item 4d over item 5)</p> <p>Single-employer</p>	33000	1133.33		<p>FilingData/EstimatedFilingData/PremiumAmount/SingleEmployerPremium</p> <p>For Sample 1 (does not qualify for proration): This number is equal to: ((Number of participants multiplied by the Single-employer flat rate) minus credits.</p> <p>For Sample 2 (qualifies for proration): This number is equal to: ((Number of participants multiplied by the Single-employer flat rate) multiplied by (proration number of months divided by 12) minus credits.</p>
<p>6 - Amount due excess, if any, of item 4d over item 5)</p> <p>Multiemployer</p>			889.50	<p>FilingData/EstimatedFilingData/PremiumAmount/MultiEmployer</p> <p>For Sample 3 (does not qualify for proration): This number is equal to: ((Number of participants multiplied by the Multiemployer flat rate) minus credits.</p>
<p>7a – Amended filing — Complete this item only if this is an amended filing</p> <p>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 __/__/____.</p>	<p>2010-02-01</p> <p>2010-01-31</p>			<p>FilingData/AmendedFilingOrigPlanYear/OriginalPYC</p> <p>FilingData/AmendedFilingOrigPlanYear/OriginalPYE</p>

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Form Element	Est_2010_Sample_1.xml	Est_2010_Sample_2.xml	Est_2010_Sample_3.xml	Schema Element
<p>7b – Amended filing — Complete this item only if this is an amended filing. 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 _____.</p>	<p>22-2222222</p> <p>222</p>			<p>FilingData/AmendedFilingOrigEINPN/OriginalEIN</p> <p>FilingData.FilingData/AmendedFilingOrigEINPN/OriginalPN</p>
<p>21 - Certification of Plan Administrator — The plan administrator must sign and complete this item.</p> <p>Name and contact information for Plan Admin who signs</p>	<p>Susan Smith 801-444-0909 x12345 ssmith@abc.com</p>	<p>Jane Doe 202-326-4000 x12345 jdoe@123Company.com</p>	<p>Elizabeth General 202-326-4000 x12345 Egen@ABCCompany.com</p>	<p>FilingData/PlanAdminCertification/Name</p> <p>FilingData/PlanAdminCertification/PhoneNumber</p> <p>FilingData/PlanAdminCertification/PhoneNumberExtension</p> <p>FilingData/PlanAdminCertification/EmailAddress</p>
<p>8 - Certification of Plan Administrator Signature with Date</p>				<p>FilingData/PlanAdminSignDate *</p> <p>* Although this node exists in the schema for future use, PBGC currently only uses e-signature information generated by the My PAA application, so a plan admin sign date included in a vendor filing is not used.</p>