



2001

**ESTIMATED PREMIUM PAYMENT PACKAGE
PENSION BENEFIT GUARANTY CORPORATION**

This Package Contains:
PBGC Form 1-ES
and Instructions

To All Plan Administrators:

We are enclosing the forms and instructions for your estimated premium payment to the Pension Benefit Guaranty Corporation for the 2001 plan year.

This year, based on your suggestions, we have made several changes to simplify PBGC premiums. New rules now permit plan administrators to pay a prorated premium for a short plan year rather than paying a full year's premium and requesting a refund. We have also simplified the definition of participant for purposes of PBGC's premiums. The new definition excludes from the participant count -- and thus eliminates premiums for -- individuals who do not have accrued benefits and for whom the plan has no other benefit liabilities.

In addition, for the 2001 plan year, we are issuing a new simplified premium form -- the PBGC Form 1-EZ -- for single-employer plans that are exempt from the variable rate premium. This new form, which will be included in the 2001 Premium Payment Package that also contains PBGC Form 1 and Schedule A, has no effect on the Form 1-ES filing.

We also continue to look for ways to help you get information and communicate with us. PBGC's Web site, www.pbgc.gov, contains information of interest to you, including current and prior premium filing booklets, frequently asked questions, interest rates, and regulations. For all premium-related inquiries, you can call our toll-free practitioner number at 1-800-736-2444. If you have a complaint about the service you have received or still need assistance after calling our practitioner number, please contact our Problem Resolution Officer for practitioners at 202-326-4136 or e-mail practitioner.pro@pbgc.gov.

We welcome your suggestions on changes we can make to provide you with the best possible service.

A handwritten signature in black ink, reading "David M. Strauss". The signature is written in a cursive, slightly slanted style.

David M. Strauss
Executive Director
Pension Benefit Guaranty Corporation

Pension Benefit Guaranty Corporation **Customer Service Plan for Plan Administrators**

What is Our Mission?

The mission of the Pension Benefit Guaranty Corporation (PBGC) is to operate as a service-oriented, professionally managed agency that protects participants' pension benefits and supports a healthy retirement plan system. We encourage the continuation and maintenance of private pension plans, protect pension benefits in ongoing plans, provide timely payments of benefits in the case of terminated plans, make the maximum use of resources, and maintain premiums and operating costs at the lowest levels consistent with statutory responsibilities.

Who Are Our Customers and What Services Do We Provide?

As a plan administrator of a pension plan that pays premiums to PBGC, you are one of PBGC's principal customers. In administering the premium collection program, we:

- Collect premiums from covered plans;
- Issue annual premium forms and instructions packages;
- Answer questions from plan administrators, sponsors, and practitioners about premium payments;
- Process premium-related requests, including requests for refunds and administrative changes;
- Issue past due filing notices and statements of account (premium invoices), as appropriate;
- Make decisions on requests for reconsideration of agency determinations in the premium administration area.

Of course, our dealings with plan administrators, plan sponsors, and pension practitioners go beyond premium collections. Should a defined benefit pension plan terminate, as either a standard or a distress termination, you have dealings with the PBGC to bring the case to closure.

Our Service Pledge

Our customers deserve our best effort as well as our respect and courtesy.

- On the first call from you, our customer, we will say —
 - what we can do immediately and what will take longer,
 - when it will be done, and
 - who will handle your request.
- We will call you if anything changes from what we first said, give you a status report and explain what will happen next.
- We will have staff available from 8:00a.m.-5:00p.m. Eastern Time to answer your calls. If you leave a message, we will return the call within one workday.
- We will acknowledge your letter within one week of receipt.

Survey Results and Service Improvement Efforts

In last year's survey of pension professionals' satisfaction with the quality of PBGC's service, respondents said we improved on meeting our service pledge, and they rated our overall service more highly than the previous year. But they also noted that we need to meet the "one call does it all" pledge more often, and to let practitioners know that we have received their mail. To respond to this feedback, we:

- Now acknowledge receipt of audit materials at once and give practitioners the name, telephone number, and e-mail address of the auditor assigned. We are also developing a booklet to address questions frequently asked by the pension community about our standard termination and premium compliance audit programs;
- Implemented a Premium Caller Tracking System to improve the way we track, respond to, and follow up on calls from practitioners;
- Trained staff to handle a wider range of questions from practitioners, and reinforced with them our "one call does it all" pledge.

The standard that customers now expect is "online, on time, all the time." And we are working to keep up with the advances in technology to meet our goal of making the PBGC a premier customer service organization. If you have any questions or complaints, please contact us by telephone, fax, or e-mail at one of the numbers or addresses listed on page 4.

Important Reminders for Plan Administrators

The following guidance is provided to help ensure accurate and timely posting of your premium filings.

1. Submit Only One Payment with One Filing - Do NOT combine the premiums for multiple plans into one payment.

2. Include EIN/PN and PYC on all Payments and Correspondence:

a. Wire Transfers - Include your plan's Employer Identification Number, Plan Number (EIN/PN) and Plan Year Commencing (PYC) Date to identify how the wired funds should be posted. Send your wire transfer to:

Bank: ALLFIRST Bank, Baltimore Maryland
ABA: 052000113
Account: 425-5265-5
Beneficiary: PBGC
Reference: Give plan's EIN/PN and PYC

b. Checks and Correspondence - Include your plan's Employer Identification Number/Plan Number (EIN/PN) and Plan Year Commencing (PYC) Date on the check itself (not just on the check stub) and on all letters that you send to us.

3. Send Premium Filings Only to the Premium Addresses - To ensure the proper posting of your premium payments and forms, use one of the following addresses.

- **Financial Post Office Box** - Send premium payments, premium forms, amended filings, and Statement of Account (premium invoice) payments to the following address. Do NOT send correspondence to this address and do NOT use this address for delivery services.

Pension Benefit Guaranty Corporation
P.O. Box 64880
Baltimore, MD 21264-4880

- **Delivery Service Address** - If you use a delivery service to mail your premium payments and filings, use the following mailing address because delivery services do not deliver to a Post Office Box Address.

ALLFIRST Bank
110 South Paca Street
Mail Code: 109-320/Lockbox #64880
Baltimore, MD 21201

4. Send Correspondence Only to the Correspondence Address - To ensure response to your correspondence, send correspondence (e.g., requests for reconsideration and refunds) only to the Correspondence Address. Do NOT use this address for delivery services; instead use our delivery service address in item 3 above.

Pension Benefit Guaranty Corporation
P.O. Box 64916
Baltimore, MD 21264-4916

5. Notify PBGC of EIN/PN Changes - If your plan changes its Employer Identification Number and/or Plan Number (EIN/PN), notify us of the prior EIN/PN, the new EIN/PN, the effective date of the change, and the reason for the change so that we may update our records. The best way to tell us about this change is on your premium form, which includes space for this information. If you change your EIN/PN for a plan with an overpayment and wish to use the overpayment as a credit on a future premium form using the new EIN/PN, please contact our premium customer service representatives (see item 3 on p. 4).

CONTACT POINTS

1. PBGC's Web site, www.pbgc.gov, contains pension plan information of interest to the plan administrator and practitioner, such as current and prior premium filing booklets, frequently asked questions, interest rates, regulations, etc.
 2. Mail premium forms (including amended filings) to:
Pension Benefit Guaranty Corporation
P.O. Box 64880
Baltimore, MD 21264-4880
or use a delivery service to send the forms to:
ALLFIRST Bank
110 South Paca Street
Mail Code: 109-320/Lockbox #64880
Baltimore, MD 21201
If you pay by check, write the plan's EIN/PN and the date the premium payment year commenced (PYC) on the check and send the check with your form. If you pay by wire transfer, send the payment to:
ALLFIRST Bank
Baltimore, Maryland
ABA: 052000113
Account: 425-5265-5
Beneficiary: PBGC
Reference: (give plan's EIN/PN and the date the premium payment year commenced (PYC))
 3. For all premium-related inquiries, including requests for booklets or forms, premium filing questions, address changes, requests for refunds (that are not submitted via premium filing forms), and requests for reconsideration of premium penalty assessments:
Call: 1-800-736-2444
(202) 326-4242
Fax: (202) 326-4250
E-mail: premiums@pbgc.gov
or write to:
Pension Benefit Guaranty Corporation
P.O. Box 64916
Baltimore, MD 21264-4916
 4. For current interest rate information:
Call: (202) 326-4041
Internet: www.pbgc.gov
or write to:
Pension Benefit Guaranty Corporation
CPAD, Suite 240
1200 K Street, NW
Washington, DC 20005-4026
 5. For assistance on coverage determination or plan termination:
Call: 1-800-736-2444
(202) 326-4242
E-mail: standard@pbgc.gov
or write to:
Pension Benefit Guaranty Corporation
IOD/Technical Assistance Branch, Suite 930
1200 K Street, NW
Washington, DC 20005-4026
 6. If you have a complaint about the service you have received or still need assistance after calling our practitioner telephone numbers listed in items 3 and 5 (1-800-736-2444 or (202) 326-4242), please contact the Problem Resolution Officer (Practitioners):
Call: (202) 326-4136
E-mail: practitioner.pro@pbgc.gov
or write to:
Pension Benefit Guaranty Corporation
Problem Resolution Officer (Practitioners), Suite 670
1200 K Street, NW
Washington, DC 20005-4026
 7. Any vendor requesting approval of automated forms may send a sample (including 3 original forms) to:
Pension Benefit Guaranty Corporation
Vendor Forms Review Office, FOD/CCD, Suite 670
1200 K Street, NW
Washington, DC 20005-4026
 8. For TTY/TDD users, call the Federal relay service toll-free at 1-800-877-8339 and ask to be connected to the appropriate number listed above.
- Note:** Collect calls cannot be accepted.

INSTRUCTIONS FOR 2001 PBGC FORM 1-ES

Paperwork Reduction Act Notice

We need this information to identify the plan and plan year for which an estimated premium is paid to the Pension Benefit Guaranty Corporation (PBGC) pursuant to Title IV of the Employee Retirement Income Security Act of 1974 (ERISA) and the PBGC's premium regulations (29 CFR Parts 4006 and 4007). You are required to give us this information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB has approved this collection of information under control number 1212-0009. Confidentiality is that supplied by the Privacy Act and the Freedom of Information Act.

The estimated burden associated with completing and filing Form 1-ES is one-half hour (for filings done in-house) or \$100 (for filings contracted out). (The PBGC assumes that 95% of the burden of filing Form 1-ES is contracted out.) These burden estimates are an average for the plans that file this form. The actual burden will vary depending on the circumstances of a given plan.

If you have comments concerning the accuracy of this time estimate or suggestions for making the form simpler, please send your comments to:

Pension Benefit Guaranty Corporation
Office of the General Counsel
1200 K Street, NW
Washington, DC 20005-4026

Form 1-ES Filing Requirement

A plan that was required to pay premiums for 500 or more participants for the plan year preceding the premium payment year must pay the flat-rate premium early in the premium payment year. Because the participant count often is not available until later in the premium payment year, we permit filers to make estimated payments using Form 1-ES. (We also provide penalty relief for estimates that are too low if they meet "safe harbor" requirements, discussed below.) The form must be filed, and the payment made, by the First Filing Due Date — generally, the last day of the second full calendar month in the premium payment year. (For the first full plan year following a change in plan year, the First Filing Due Date is the 30th day after the adoption date of a plan amendment changing the plan year, if later.)

If your due date would fall on a weekend or Federal holiday, your premium filing will be considered timely if you file by the next business day. A premium form or payment is considered filed on the U. S. Postal Service postmark date (if legible) or three days before receipt by PBGC (if there is no legible USPS postmark date).

The Form 1-ES filing deadlines for 2001 are shown in the following table.

First Filing Due Date (2001 Form 1-ES)	
Premium Payment Year <u>Begins</u>	Form 1-ES Filing Due <u>Date</u>
01/01/2001	02/28/2001
01/02 - 02/01/2001	04/02/2001 *
02/02 - 03/01/2001	04/30/2001
03/02 - 04/01/2001	05/31/2001
04/02 - 05/01/2001	07/02/2001 *
05/02 - 06/01/2001	07/31/2001
06/02 - 07/01/2001	08/31/2001
07/02 - 08/01/2001	10/01/2001 *
08/02 - 09/01/2001	10/31/2001
09/02 - 10/01/2001	11/30/2001
10/02 - 11/01/2001	12/31/2001
11/02 - 12/01/2001	01/31/2002
12/02 - 12/31/2001	02/28/2002

* **NOTE:** If your filing is not made by this date, penalty and interest will be calculated from the last day of the preceding month rather than the following business day — e.g., from Saturday 03/31/2001 rather than Monday 04/02/2001.

Interest

If the estimated premium paid by the First Filing Due Date is less than 100 percent of the flat rate amount due for the premium payment year, there will be a charge for interest on the difference between the two amounts. Interest cannot be waived and is not subject to the safe harbor rules for penalties described below. Interest accrues at the rate imposed under section 6601(a) of the Internal Revenue Code (the rate for late payment of taxes) and is compounded daily. These rates are available on the PBGC's Web site (www.pbgc.gov).

Penalty; Safe Harbor Rules

If the estimated premium paid by the First Filing Due Date is less than 100 percent of the flat rate amount due for the premium payment year, there may be a late payment penalty. However, there are "safe harbor" rules for avoiding the penalty (but not the interest). No penalty will be charged if you did not make an estimated premium payment because you erroneously reported fewer than 500 participants for the plan year preceding the premium payment year. In addition, you can avoid the penalty if the estimated premium payment you make by the First Filing Due Date is at least equal to the lesser of:

(1) 90 percent of the flat rate amount due for the premium payment year or

(2) an amount equal to the participant count for the plan year preceding the premium payment year multiplied by the 2001 flat rate (\$19 per participant for single-employer plans or \$2.60 per participant for multiemployer plans). (Note: Because the 2001 flat rate is the same as the 2000 flat rate, you will meet the safe harbor requirement if your estimated premium payment for the 2001 plan year is at least as much as your 2000 flat-rate premium.) This test will be met if the amount paid is sufficient using either the actual participant count for the plan year preceding the premium payment year or a smaller count that was erroneously reported.

For purposes of determining whether a penalty is due, the participant count “erroneously reported” refers to the premium filing (or last amended filing) for the plan year preceding the premium payment year made to the PBGC by the First Filing Due Date.

Note that if you take a credit for a short 2001 plan year, as explained under “Credits and Refunds” below, the amount of the credit is counted toward meeting the safe harbor requirement, the same as any other credit. Thus, if the amount you pay with Form 1-ES, plus all credits, is at least equal to the safe harbor amount, the safe harbor requirement will be met.

Change of Address and Request to Stop Receipt of Premium Forms and Instructions

Be sure to check the address change box in item 1 or 2 if the plan sponsor’s or plan administrator’s name or address has changed.

If your plan’s premium filings are prepared by a consultant, you may not need to receive your own copy of PBGC premium forms and instructions. If you do not want to receive premium forms and instructions next year, check the box in item 1. An election not to receive the forms and instructions does not relieve the plan administrator of the obligation to file.

Definitions

“**Participant**” in a plan means an individual with respect to whom the plan has benefit liabilities. A non-vested individual is not counted as a participant after a deemed “zero-dollar cashout,” a one-year break in service under plan rules, or death. Any other individual is not counted as a participant after all benefit liabilities with respect to the individual are distributed through the purchase of irrevocable commitments from an insurer or otherwise. (For

more detail, see the amendment to the premium regulations’ definition of “participant,” published in the Federal Register on December 1, 2000, at 65 FR 75160.)

This definition of “participant” is new for plan years beginning in 2001. Under the old definition, individuals would be considered active participants in a plan if they were earning or retaining credited service, even if they did not yet have any benefits under the plan. Under the new definition, such individuals would not be included in the participant count.

The new definition must be used for determining the amount of a plan’s final flat-rate premium for the 2001 plan year. Thus, it also applies in determining whether your estimated payment equals at least 90 percent of your 2001 flat-rate premium. However, the old definition applies in determining how many participants you were required to pay a 2000 premium for, and thus whether you are required to pay the 2001 flat-rate premium early and whether you meet the penalty safe harbor test based on the 2000 participant count. Note that if you reported your 2000 participant count correctly, (1) you may use the count you reported in determining whether you are required to pay the 2001 flat-rate premium early, and (2) you will qualify for safe-harbor relief if you pay the amount of your 2000 flat-rate premium as the amount of your estimated 2001 flat-rate premium.

“**Plan sponsor**” means the employer (or, for a plan maintained by an employee organization, the employee organization) that maintains a single-employer plan or the association, committee, joint board of trustees, or other similar group that maintains a multiemployer plan.

“**Plan administrator**” means the plan administrator (person or entity) specifically designated as such by the terms of the plan or, if no plan administrator is so designated, the plan sponsor.

Plan mergers and plan consolidations are transactions in which one or more transferor plans transfer all of their assets and liabilities to a transferee plan and disappear (because they become part of the transferee plan). However, there are important differences between the two kinds of transactions. In a merger, the transferee plan is one that existed before the transaction. In a consolidation, the transferee plan is a new plan that is created in the consolidation. Thus, the plan that exists after a consolidation follows the premium filing rules for new plans. In particular, it need not make an early

premium payment with Form 1-ES (no matter how many participants any of the transferor plans had for the prior year(s)), it may not use the alternative calculation method, and its filing due date is subject to the special rules for new plans. On the other hand, the transferee plan in a merger follows the normal rules for preexisting, ongoing plans.

In a spinoff, the transferor plan transfers only part of its assets and/or liabilities to the transferee plan, so that both the transferor and the transferee plan exist after the transaction. The transferee plan may be a new plan that is created in the spinoff, or it may be a pre-existing plan that simply receives part of the assets and/or liabilities of the transferor plan.

Transfers From Disappearing Plans

If a plan other than yours ceased to exist in connection with any transfer of assets or liabilities from that plan to your plan since the last premium filing, check the “Yes” box in item 3(c). If you check “Yes,” enter in the spaces provided the EIN/PN of each plan that ceased to exist in connection with the transfer of any assets or liabilities to your plan. Also enter the effective date and type of each transfer. The types of transfers are explained above. The effective date of a transfer is determined based on the facts and circumstances of the particular situation. (For transfers subject to section 414(I) of the Code, report the date determined under 26 CFR 1.414(I)-1(b)(11).)

Example: The merger agreement between Plans A and B provides that Participants of Plan A will cease accruing benefits under Plan A and begin coverage and benefit accruals under Plan B as of January 1, 2001, and that the obligation to pay benefits to Plan A participants will pass from Plan A to Plan B as of that date. The agreement also provides that Plan A’s assets will be transferred to Plan B’s account as soon as practicable. The transfer actually occurs on February 17, 2001. The effective date of the transfer is January 1, 2001.

If you need to report transfers from more than one plan, attach a separate sheet listing the EIN/PN of each additional plan and the effective date and type of each transfer.

You do not need to report any transfer in this item unless the transferor plan ceased to exist in connection with the transfer – i.e., transferred all of its assets and liabilities to your plan or to two or more plans including your plan. You also do not need to report a transfer in this item if you have no

reasonable way of determining whether the transferor plan ceased to exist in connection with the transfer.

Credits and Refunds

In general

If a premium is overpaid for a plan, and any part of another year’s premium or late payment penalty or interest charge is still owing for that plan, the overpayment will be applied toward paying off the outstanding amount(s) due.

You may designate which particular outstanding amount(s) of premium or late payment charge an overpayment is to be applied against (if it has not already been applied). If you do not so designate, we will apply the overpayment first to the outstanding premium, interest, and penalty (in that order) from the earliest plan year, then the next earliest plan year, etc.

An amount of overpayment that is not needed to pay off amounts owed may be refunded upon request made within the period specified in the applicable statute of limitations (generally six years after the overpayment was made) or may be claimed as a credit on a premium filing made within the same period. An overpayment on one plan cannot be applied to offset an underpayment on one or more other plans.

In item 7 of Form 1-ES, you may claim the amount of any credit you are entitled to: (1) any available credit from line 18 of your 2000 Form 1, (2) any estimated short-year credit (as explained in the following paragraphs), and (3) any other available credit. You must attach an explanation of any credit you claim in item 7, other than a credit from line 18 of your 2000 Form 1.

Short plan years

Effective for plan years beginning in 2001, PBGC rules have been changed to allow premium payers to pay a prorated premium for certain short plan years:

- a short first year of a new or newly covered plan;
- a short year created by a change in plan year;
- a short year created by distribution of plan assets pursuant to plan termination; or
- a short year created by the appointment of a trustee for a single-employer plan under ERISA section 4042.

Alternatively, you may pay a full year’s premium and either (1) request that the PBGC compute and pay a partial refund or (2) claim a credit in a future

premium filing. (No premium proration is allowed where a plan disappears by merger or consolidation into another plan.)

Estimated premium payments may also be prorated. The short year need not have ended by the time you pay a prorated premium, but if the plan year turns out to be longer than you anticipated, you will have to make up any premium underpayment (which will be subject to interest and penalties).

However, there is a penalty safe-harbor rule for estimated flat-rate premium payments that are prorated for a short plan year resulting from a change in plan year. The safe harbor applies where the amendment changing the plan year has been adopted, but the short year has not ended, by the First Filing Due Date, and later events result in a plan year longer than anticipated because the plan year change does not take place. Any penalty arising from reliance on the amendment is waived for the period from the First Filing Due Date to the Final Filing Due Date. (There is no waiver for interest.)

To pay a prorated estimated premium, you first determine the estimated premium without proration, then subtract a credit that brings the premium down to the prorated amount:

(1) Enter in item 6 of Form 1-ES your estimated flat-rate premium, calculated as if there were no short-year proration.

(2) Multiply the item 6 amount by the following fraction:

$$\frac{12 \text{ minus number of months in short year}}{12}$$

In determining the numerator of the fraction, any partial month in the short plan year must be counted as a full month.

(3) Enter the result from step (2) (plus any other available credit) in item 7.

(4) Subtract line 7 from line 6 and enter the result in item 8. If your total credits in item 7 (including any credit from line 18 of your 2000 Form 1 and any estimated short-year credit) are greater than your estimated premium in item 6, enter 0 in item 8.

For example, suppose your plan year has been changed by amendment from a calendar year to a year beginning July 15. Assume that you choose to pay an estimated 2001 flat-rate premium based on your 2000 participant count of 600. Thus your estimated flat-rate premium, calculated as if there were no short-year proration, would be \$11,400.

This is the amount you would enter in item 6 of Form 1-ES. If you choose to prorate your estimated premium, you would determine your short-year credit by multiplying \$11,400 by 5/12. (The number of full and partial months in your short year — *i.e.*, January through July of 2001 — is 7, so the numerator of the fraction is 5 — *i.e.*, 12 minus 7.) This gives you a short-year credit of \$4,750, which you would enter in item 7 of Form 1-ES. Assuming you have no other credits, you would pay \$6,650 (*i.e.*, \$11,400 minus \$4,750) with your Form 1-ES.

Additional Instructions

The premium forms are in Optical Character Recognition (OCR) format. This enables PBGC to process your plan information quickly and accurately. For this reason, we cannot accept photocopies of the forms. PBGC will accept the original forms provided in this package; forms provided by a vendor that has received PBGC approval for an automated (computer-generated) version of the form; and forms downloaded from the PBGC Web site (www.pbgc.gov).

To achieve the best results when printing computer-generated or downloaded forms, use a laser or inkjet printer with resolution of 300 DPI (dots per inch) or higher. Please make sure that you have adequate toner in your printer cartridge. Thermal or dot matrix (9 or 24 pin) printers are not recommended for printing the premium forms. Do not use any printing options, such as “Fit to Page,” that may tend to enlarge or reduce the size of the image. Please make sure no part of the form is missing after it is printed. Please also make sure the forms print with the proper number of pages: the Form 1-EZ, Form 1, and Schedule A require two pages each; the Form 1-ES requires one page.

Clearly print or type information in the boxes. The plan administrator must sign and date the certification at the bottom of the form. Beneath the signature line, print or type the name of the individual who signs and provide a daytime telephone number.

Indicate on line 8(b) whether you are paying your estimated premium by check or wire transfer. If you pay by check, write the plan’s EIN/PN (from item 3(a) and (b) of the form) and the date the premium payment year commenced (PYC) on the check and send the check with Form 1-ES. If you pay by wire transfer, make the transfer to:

ALLFIRST Bank
Baltimore, Maryland
ABA: 052000113
Account: 425-5265-5
Beneficiary: PBGC
Reference: (give plan's EIN/PN and the
date the premium payment year
commenced (PYC))

Pension Benefit Guaranty Corporation
P.O. Box 64916
Baltimore, MD 21264-4916
Phone: 1-800-736-2444
(202) 326-4242
Fax: (202) 326-4250
TTY/TTD: 1-800-877-8339 — *request*
connection to (202) 326-4242
E-mail: premiums@pbgc.gov

Report the EIN/PN from item 3(a) and (b), and the date the premium payment year commenced (PYC), in the payment ID line of the wire transfer in the format "EIN/PN: XX-XXXXXXX/XXX PYC: XX/XX/XX."

To ensure proper credit, you must file a separate Form I-ES and make a separate estimated premium payment for each plan. Do not combine estimated premiums for different plans in one payment. Mail the completed Form I-ES to:

Pension Benefit Guaranty Corporation
P.O. Box 64880
Baltimore, MD 21264-4880

If you are a pension practitioner serving many covered plans and wish to receive a bulk shipment of the Estimated Premium Payment Package and Form I-ES, use the order blank on the inside back cover of this Estimated Premium Payment Package. PBGC's 2001 forms and instructions also are available through the offices of the Pension and Welfare Benefits Administration (PWBA) of the U.S. Department of Labor listed on the inside back cover.

If sent by courier, the form should be delivered to:

ALLFIRST Bank
110 South Paca Street
Mail Code: 109-320/Lockbox #64880
Baltimore, MD 21201

For help with questions about filing Form I-ES or making wire transfers, or with other premium-related questions or requests, contact:

Pension Benefit Guaranty Corporation
P.O. Box 64916
Baltimore, MD 21264-4916
Phone: 1-800-736-2444
(202) 326-4242
TTY/TTD: 1-800-877-8339 — *request*
connection to (202) 326-4242
E-mail: premiums@pbgc.gov

To obtain additional sets of the 2001 Form I-ES or copies of the 2001 Estimated Premium Payment Package (or any other PBGC premium forms or instructions), contact:

DEFINED BENEFIT PENSION PUBLICATION AVAILABLE

PBGC has a publication, A Predictable, Secure Pension for Life, that provides easy-to-understand information about defined benefit pension plans and the federal insurance guarantee. The free booklet is available electronically on PBGC's Web site, www.pbgc.gov, or write to: Predictable Secure Pension, Federal Consumer Information Center, Dept. 590F, Pueblo, CO 81009.

PBGC also can provide a compact disc (CD) for companies or benefit advisors interested in printing bulk copies of the booklet through commercial sources. The CD contains all the files needed to reproduce the publication through a commercial printer. The CD is available only in Macintosh format, as that is the system used by most commercial printers. The CD is not intended for, nor compatible with, IBM-type personal computers. The free CD is available from PBGC's Communications and Public Affairs Department, 1200 K Street NW, Washington, DC 20005-4026.

PENSION AND WELFARE BENEFITS ADMINISTRATION OFFICES

In addition to being able to obtain PBGC premium forms and instructions from the PBGC (see item 3 on page 4) you may obtain our forms and instructions through the following offices of the Pension and Welfare Benefits Administration (PWBA) of the U.S. Department of Labor:

CALIFORNIA

San Francisco 94119-0250
P. O. Box 190250
(415) 975-4600

Pasadena 91101
790 E. Colorado Boulevard
Suite 514
(626) 583-7862

DISTRICT OF COLUMBIA

Washington 20006
1730 K Street, NW
Suite 556
(202) 254-7013

FLORIDA

Plantation 33324
8040 Peters Road
Building H, Suite 104
(954) 424-4022

GEORGIA

Atlanta 30303
61 Forsyth Street SW
Suite 7B54
(404) 562-2156

ILLINOIS

Chicago 60606
200 West Adams
Suite 1600
(312) 353-0900

KENTUCKY

Fort Wright 41011
1885 Dixie Highway
Suite 210
(606) 578-4680

MASSACHUSETTS

Boston 02203
JFK Federal Building
Room 575
(617) 565-9600

MICHIGAN

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