

Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund
Application for Special Financial Assistance
EIN 25-1046087 /PN 001
Checklist Item #22.a – Section D, Item 1

November 27, 2024

Submitted electronically via PBGC's e-Filing Portal

Pension Benefit Guaranty Corporation
1200 K Street, NW
Washington, DC 20005

RE: Application for Special Financial Assistance

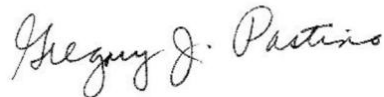
To Whom It May Concern:

On behalf of the Board of Trustees of the Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund, we respectfully submit this application for Special Financial Assistance in the amount of **\$120,742,941.00**. This application is being submitted in accordance with Section 4262 of the Employee Retirement Income Security Act of 1974 ("ERISA") and Section 4262 of the PBGC's SFA regulation using the basic method to calculate the greatest amount of SFA.

Information required to be submitted under Section D of the Instructions for the SFA Application under the PBGC's SFA regulation can be found in the pages following this cover letter.

Please do not hesitate to contact us if you have any questions regarding this application.

Sincerely,



Gregory J. Pastino, ASA, EA, MAAA
239-600-6409
greg.pastino@foster-foster.com

Enclosure

CC: Levi K. Logan, Esquire

Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund
Application for Special Financial Assistance
EIN 25-1046087 /PN 001
Checklist Item #21 – Signed Application

Trustee Signature Page

The Board of Trustees of the Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund submits to the Pension Benefit Guaranty Corporation this application and the accompanying exhibits for special financial assistance pursuant to Section 4262 of the Employee Retirement Income Security Act ("ERISA") and the Interim Final Rule at 29 C.F.R. Part 4262.

Vito Dragone, Jr.

Name

Signature

November 27, 2024

Date

Larry J. Mayros

Name

Signature

November 27, 2024

Date

Plan Sponsor and Authorized Representatives

The following identifies the plan sponsor and authorized representatives, as well as their contact information. The Plan's Administrator, legal counsel, and actuary named below are authorized representatives for the Plan.

Plan Sponsor	Board of Trustees Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund 112 Morgantown Street Uniontown, PA 15401 Phone: 724-438-0512
Administrative Manager	Francine George Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund 112 Morgantown Street Uniontown, PA 15401 Phone: 724-438-0512 Email: fgeorge@teamsters491.com
Legal Counsel	Levi K. Logan Meyer, Unkovic & Scott, LLP 535 Smithfield Street Suite 1300 Pittsburgh, PA 15222 Phone: 412-456-2588 Email: lkf@muslaw.com
Actuary	Gregory J. Pastino, ASA, EA, MAAA Roma Corporate Center 1605 North Cedar Crest Blvd, Suite 510 Allentown, PA 18104 Phone: 239-600-6409 Email: greg.pastino@foster-foster.com

Section D, Item (3) – Eligibility

The Plan is eligible for SFA under 29 CFR § 4262.3(a)(1) as it was certified to be in Critical and Declining status as of July 1, 2020, and has been in this status since July 1, 2016.

Section D, Item (4) – Priority Group

In accordance with 29 C.F.R. § 4262.10(d)(2)(v), the Plan is in priority group 5 since the Plan is projected to become insolvent before March 11, 2026.

Section D, Item (5)-Narrative Description of Future Contributions and Withdrawal Liability Collections

In accordance with 29 CFR § 4262.8(a)(9), following is a detailed narrative of the factors specific to the Plan's current circumstances as well as a description of the development of the assumed future contributions and assumed future withdrawal liability payments used to calculate the SFA amount.

Assumed Future Contributions

The projection of future employer contributions is based on the Assumed Future CBUs multiplied by Contribution Rates.

Assumed Future CBUs are determined separately for UPS employees and Non-UPS employees based on their 10-year geometric average of CBU's for the pre-Covid period 2010-2019. CBUs are assumed to be level for UPS after 6/30/2023 and decline 3% per year for Non-UPS employees from 7/1/2022 through 6/30/2029 and will decline by 1% per year thereafter for all employees. Additional detail is provided in Section D, Item (6)(b) – Description of Assumption Changes.

For Contribution Rates, we looked at the last contribution rate in effect for each of the 33 outstanding Collective Bargaining Agreements established prior to July 9, 2021 and developed the weighted average weekly contribution rates of \$713.12 for UPS employees and \$270.74 for Non-UPS employees. Any scheduled contribution rate increases agreed to prior to 7/9/2021 and effective after that date are reflected in our projections. We assume no future net reciprocal contributions. PBGC has previously reviewed our determination of the weighted average contribution rates.

Assumed Future Withdrawal Liability Payments

Nine employers have been assessed a withdrawal liability. Of these, one paid its liability in full and one reached a lump sum settlement with the Plan. Of the remaining seven employers, it was determined by the Trustees that the remaining withdrawal liabilities as of 12/31/2022 for three are uncollectible. The withdrawal liability reconciliation as of 12/31/2022 as provided by the Plan's auditor, and this reconciliation with a worksheet developing the annual expected withdrawal liability payments are attached to the certification of plan assets (FMV_Cert_SWPA.pdf). We assume no additional employer withdrawals in the future.

Section D, Item (6)(b) – Description of Assumption Changes

Administrative Expenses

Original Assumption: For projection purposes, prior year's administrative expenses are assumed to remain level.

Reason the Original Assumption is not reasonable: The administrative expense increase assumption from the 2020 zone certification of 0% did not accurately reflect PBGC premium increases and other adjustments to expenses. In addition, any assumed increase in future administrative expenses would have had no bearing on the plan's zone status.

Updated SFA Assumption: \$624,626 for the 2022-2023 plan year (\$268,169 for the period 7/1-12/31/2022, plus an identical amount for the next six months of the plan year (the measurement date of 12/31/2022 through 6/30/2023), plus the PBGC premium of \$88,288 (equal to the 7/1/2022 participant count of 2,759 x \$32, payable by 4/15/2023)) increased by 2.19 % for the non-PBGC portion throughout the projection period ending 6/30/2051. The PBGC flat-rate premium rate will increase to \$35 for the 2023-2024 plan year and 3% per year thereafter, with the total PBGC premium determined reflecting the change in the number of plan participants each year¹. The amount of PBGC premium for the plan year beginning July 1, 2031 is adjusted to reflect the increase in the PBGC flat-rate premium to \$52, with 3% annual increases reflected thereafter. Overall administrative expenses are capped at 12% of benefit payments in any given year.

The original assumption will reflect the known PBGC premium rate increases to \$35 effective July 1, 2023 and \$52 effective July 1, 2031 without additional increases.

Additional expenses reflected in the original and updated assumptions are:

1. One-time expenses reflecting the cost of preparing the SFA application. These amounts were communicated to PBGC on 7/15/2024 with copies of invoices, along with the rationale for the \$35,000 expense.
 - a. \$72,000 for the period 1/1/2023-6/30/2023.
 - b. \$125,000 for the 7/1/2023-6/30/2024 plan year.
 - c. \$35,000 during the plan year beginning 7/1/2024 to reflect the cost for the updated submission.
2. The plan's administrative staff, currently consisting of one full-time and one part-time employee, is expected to increase by the addition of one part-time employee. The cost for that employee is estimated at \$20,000, which is the approximate cost of the existing part-time employee. The cost for that new employee is assumed to commence 7/1/2023.

¹ The actual PBGC premium for the 2023-2024 plan year of \$94,920 was paid on February 26, 2024 based on a participant count of 2,712 before all death audit adjustments. This amount is reflected in the application.

Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund
Application for Special Financial Assistance
EIN 25-1046087 /PN 001

Reasonableness of Changed Assumption: The updated assumption reflects the 10-year geometric average of the increases in administrative expenses other than PBGC premiums from 2012 through 2021 as shown below. Also, we recognize the additional expense involved in the preparation of this application, the hire of an additional part-time administrative staff employee, and known increases to PBGC premium rates.

Plan Year Beginning 7/1	Total Administrative Expenses	PBGC Premium	Net Expenses	Percent Change
2011	378,623	29,808	348,815	
2012	415,261	29,808	385,453	10.50%
2013	454,007	37,011	416,996	8.18%
2014	412,138	36,816	375,322	-9.99%
2015	461,342	36,816	424,526	13.11%
2016	499,790	79,300	420,490	-0.95%
2017	537,314	82,348	454,966	8.20%
2018	541,801	80,920	460,881	1.30%
2019	651,562	82,650	568,912	23.44%
2020	745,313	84,390	660,923	16.17%
2021	518,858	85,839	433,019	-34.48%
Average				2.19%

For the assumed increases in PBGC premium rates, we looked at the 10-year geometric average of the increases in the National Average Wage Index that is used to determine PBGC premium rate increases. The final result is rounded down to 3%.

Year	National Average Wage	Change
2011	42,979.61	
2012	44,321.67	1.0312
2013	44,888.16	1.0128
2014	46,481.52	1.0355
2015	48,098.63	1.0348
2016	48,642.15	1.0113
2017	50,321.89	1.0345
2018	52,145.80	1.0362
2019	54,099.99	1.0375
2020	55,628.60	1.0283
2021	60,575.07	1.0889
Average Change (rounded down to 3%)		3.00%

According to the intermediate assumptions presented in *The 2023 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds* for estimated increases in the Cost of Living and National Average Wage (NAW) indices for the years 2022 through 2032, the annual increase in the NAW Index ranges from 3.7% to 4.8%, and is at least 4.0% in 9 of the 11 years presented. The NAW Index is used to determine the increase in the PBGC's flat rate premium each year. Our 10-year geometric average of past NAW indices was actually 3.49%, which we rounded down to 3% to be conservative. The projected increases in the NAW Index in this annual report exceed our 3% annual assumption. The same report projects annual COLA increases for the identical period at 2.4%, which exceeds our 2.19% annual increase assumption for non-PBGC expenses. The report and supporting information may be found at <https://www.ssa.gov/oact/TR/TRassum.html>.

Change in Contribution Base Units (CBU)

Original Assumption: No change in CBUs for UPS employees, 2% annual decline for Non-UPS employees.

Reason the Original Assumption is not reasonable: An analysis of the CBU decline for Non-UPS employees showed a much greater annual rate of decline than previously assumed. Also, the CBU assumption from the 2020 PPA zone certification did not extend beyond the projected year of insolvency, and such assumption must be extended through the end of the SFA projection period, or June 30, 2051.

Updated SFA Assumption: Retain the 0% assumption for UPS employees and change to a 3% annual decline for Non-UPS employees for the 10-year post-Covid period from 7/1/2022-6/30/2029, with a 1% annual decline for all employees beginning 7/1/2029. CBU units for UPS employees are converted to weeks, with all employees assumed to work 52 weeks in a year, and non-UPS CBU units were converted to hours (see Revised Exhibit M sent to PBGC on 3/11/2024, updated 7/8/2024). Non-UPS hours will be converted to weeks in determining future employee contributions by dividing hours by 40 (per PBGC 7/8/2024). The CBUs for the plan year beginning 7/1/2022 are set at 5,400 for UPS (as per conversation with PBGC on 11/7/2024) and 725,411 for Non-UPS (from same Exhibit M).

Year	UPS		Non-UPS	
	CBU	Change	CBU	Change
2009	4,669.44		1,017,501.39	
2010	4,198.13	0.8991	1,007,144.08	0.9898
2011	4,048.14	0.9643	1,025,819.98	1.0185
2012	3,999.47	0.9880	981,345.46	0.9566
2013	4,021.47	1.0055	959,440.12	0.9777
2014	4,148.46	1.0316	907,167.63	0.9455
2015	4,243.11	1.0228	886,553.73	0.9773
2016	4,331.11	1.0207	845,457.33	0.9536
2017	4,339.11	1.0018	772,101.60	0.9132
2018	4,489.77	1.0347	771,283.97	0.9989
Average Change		-0.44%		-3.03%

The CBUs for withdrawn employers of Non-UPS employees, except those employers who have settled their liabilities for less than their total assessments, are excluded in our analysis. This process is explained in an email to PBGC on 4/17/2024.

For the plan year beginning 7/1/2022, UPS CBU's are assumed to be 5,400 (2,700 from the measurement date of 12/31/2022 to 6/30/2023) and 5,000 for the year beginning 7/1/2023 (see email to PBGC 11/7/2024). Actual Non-UPS CBU's are 725,411 for the year ended 6/30/2023 (see updated Exhibit M 7/8/2024).

Reasonableness of Changed Assumption: The updated assumption extends through the end of the SFA projection period, June 30, 2051. While not conforming to the PBGC's Generally Acceptable Assumption Change guidelines for CBU assumptions, we are supporting this assumption with the plan's historical data and subsequent review with the PBGC; therefore, this is reasonable to use in the SFA determination.

Mortality Assumption

Original Assumption: SOA RP-2014 Blue Collar Mortality adjusted to 2006 and projected generationally with Scale MP-2018.

Updated SFA Assumption: The PRI-2012 amount-weighted Blue Collar Table (PRI-2012 (BC)) projected generationally with Scale MP-2021.

Reasonableness of Changed Assumption: The proposed change conforms to the PBGC's Acceptable Assumption Change guidelines and is therefore reasonable to use in the SFA determination.

Beneficiary Timing

Original Assumption: Beneficiaries of unmarried participants who died prior to July 1, 2017 were eligible for a monthly benefit payable on a ten-year certain basis. If the payments had not commenced as of a valuation date, the benefits were assumed to begin on the valuation date.

Updated SFA Assumption: Beneficiary payments that have not commenced as of a valuation date are assumed to commence at the later of age 65 or the valuation date.

Reasonableness of Changed Assumption: The original assumption overstated the liabilities for the affected beneficiaries.

Turnover Assumption

Original Assumption: Please refer to Exhibits K and L provided via email to PBGC on 2/8/2024

Updated SFA Assumption: For UPS employees, the turnover decrement is increased to 250% of the T-3 turnover scale for the plan year ended 6/30/2023 and reverts to T-3 for 7/1/2023 and later. There is no change to the decrement for non-UPS employees.

Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund
Application for Special Financial Assistance
EIN 25-1046087 /PN 001

Reasonableness of Changed Assumption: While not conforming to the PBGC's Generally Acceptable Assumption Change guidelines, this change is required to conform with the adjustment in CBU activity for UPS employees, subsequently reviewed by the PBGC; therefore, this is reasonable to use in the SFA determination.

New Entrant Profile

Original Assumption: The new entrant profile reflects experience from the preceding plan year. It is assumed that each participant exiting the Plan is replaced by a new entrant.

Reason the Original Assumption is Not Reasonable: The new entrant assumption used in the projections for the 2020 zone certification was not considered to be material as it did not affect the projected year of insolvency or the zone in which the Plan was certified.

Updated SFA Assumption: For purposes of determining the amount of SFA, the new entrant profile assumption was updated to reflect new entrants and rehires to the Plan during the period from July 1, 2017 through June 30, 2022. This period represents the most recent five years preceding the census date for the participant data used in the determination of the SFA amount, or July 1, 2022. The data used is summarized at the end of this New Entrant Profile section. The updated profile of a new entrant that replaces a participant leaving the Plan is shown as follows and is determined separately for UPS and Non-UPS employees:

UPS			
Age Band	Count	Pension Service	Weighted Percentage
15-24	10	0.84	20%
25-34	26	0.89	53%
35-44	11	1.11	23%
45-54	2	0.53	4%
55-64	0	0	0%

Non-UPS			
Age Band	Count	Pension Service	Weighted Percentage
15-24	23	0.94	13%
25-34	54	1.29	30%
35-44	47	1.2	26%
45-54	33	1.21	19%
55-64	22	6.35	12%

New entrants are assumed to be 95% male, 5% female.

Reasonableness of Changed Assumption: The assumption for determining the amount of SFA was updated to reflect the most current census data and the latest available five-year experience period through June 30, 2022. The updated assumption better reflects the expected new entrant demographics of the Plan, conforms to the PBGC's Acceptable Assumption Change guidelines and is therefore reasonable to use in the SFA determination.

Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund
 Application for Special Financial Assistance
 EIN 25-1046087 /PN 001

The data used for the New Entrant Profile Analysis is shown below:

PYE 6/30	Hire Age	Pension Service	Sex		PYE 6/30	Hire Age	Pension Service	Sex	
2018	56	13.08	M		2019	32	1.25	M	
2018	35	0.58	M		2019	33	0.41	M	
2018	56	12.08	M		2019	48	0.58	M	
2018	46	11	M		2019	32	0.41	M	UPS
2018	34	3.58	M		2019	20	0.41	M	
2018	51	0	M		2019	41	1	M	
2018	36	3.5	M		2019	35	0.75	M	
2018	59	1.58	M		2019	51	0.5	M	
2018	35	1.16	M		2019	50	1.25	M	
2018	40	0.91	M		2019	33	1.25	M	UPS
2018	49	1.08	M		2019	26	1	M	UPS
2018	46	0.83	M		2019	39	0.83	M	
2018	24	1.08	M		2019	57	0.58	M	
2018	24	1	M	UPS	2019	29	0.83	M	UPS
2018	27	0.83	M		2019	33	0.83	M	
2018	25	0.41	M		2019	29	0.41	M	
2018	43	1	M		2019	43	0.66	M	
2018	47	0	M		2019	53	0	M	
2018	46	0	M		2019	48	0	M	
2018	50	0	M		2019	22	0	M	
2018	35	0	M		2019	51	0	M	
2018	37	0	M		2019	36	0	M	
2018	41	0	M		2019	22	0	M	
2019	62	15.5	M		2019	56	0	M	
2019	65	6.08	M		2019	25	0	M	
2019	58	18.41	M		2019	54	0	M	
2019	59	20.08	M		2019	43	0	M	
2019	58	16.83	M		2019	28	0	M	
2019	53	4.75	M		2019	34	0	M	
2019	60	1.83	M		2019	48	0	M	
2019	43	1.33	M		2019	28	0	M	
2019	25	0.66	M		2019	43	0	M	
2019	38	0.83	M		2019	23	0	M	UPS
2019	54	0.5	M		2019	26	0	M	
2019	39	0.58	M		2020	63	8.33	M	
2019	50	0.5	M		2020	33	5.83	M	

Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund
Application for Special Financial Assistance
EIN 25-1046087 /PN 001

PYE 6/30	Hire Age	Pension Service	Sex		PYE 6/30	Hire Age	Pension Service	Sex	
2020	58	2.75	M		2021	30	0.58	M	
2020	49	1.58	M		2021	25	0.83	F	
2020	35	0.5	M		2021	28	1.16	M	UPS
2020	41	1.33	M		2021	30	1	M	
2020	47	0.41	M	UPS	2021	42	1.33	M	
2020	48	1.33	M		2021	26	0.75	M	
2020	41	1.16	F	UPS	2021	28	1.25	M	
2020	28	0.41	M	UPS	2021	25	1.25	M	
2020	40	0.5	M		2021	37	0.41	M	
2020	34	1.25	M		2021	38	1	M	UPS
2020	33	1.16	M		2021	39	0.66	M	
2020	26	0.5	M		2021	46	0.41	M	
2020	44	0.41	M		2021	28	1.25	M	
2020	44	0.5	M		2021	34	0.66	M	
2020	30	1	M	UPS	2021	31	1.16	M	
2020	24	0.58	M	UPS	2021	34	0.83	M	
2020	37	0.66	M	UPS	2021	33	0.41	M	
2020	28	0.41	M		2021	29	0.58	M	
2020	47	0.66	F	UPS	2021	53	1	M	
2020	26	1.66	M		2021	23	0.91	M	UPS
2020	26	0.58	M	UPS	2021	23	1	M	UPS
2020	33	0.83	M	UPS	2021	43	1.25	M	
2020	28	0.91	M	UPS	2021	42	0.5	M	UPS
2020	31	0.66	M	UPS	2021	42	1.08	M	
2020	37	1.33	M		2021	28	1	F	UPS
2020	26	0.66	M	UPS	2021	23	0	M	
2021	46	7.75	M		2021	20	0	M	
2021	55	7.08	M		2021	37	0	M	
2021	38	4.5	M		2021	22	0	M	
2021	40	0.83	F	UPS	2021	51	0	M	
2021	48	1.33	M		2022	55	16.91	M	
2021	32	0.66	M	UPS	2022	36	4.83	M	
2021	24	1.16	M		2022	33	2	M	
2021	27	0.5	M		2022	44	0.75	M	
2021	24	1.16	M		2022	25	0.58	M	
2021	39	0.75	M		2022	28	1.08	M	UPS
2021	36	0.5	M		2022	32	1.33	M	
2021	23	1.25	M		2022	57	1.08	M	

Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund
 Application for Special Financial Assistance
 EIN 25-1046087 /PN 001

PYE 6/30	Hire Age	Pension Service	Sex		PYE 6/30	Hire Age	Pension Service	Sex	
2022	21	0.41	M		2022	44	1.5	M	
2022	21	1.83	M		2022	33	0.91	F	
2022	35	1.16	M	UPS	2022	25	1	M	UPS
2022	34	1.66	M		2022	39	1	M	UPS
2022	47	1.08	M		2022	25	1	M	UPS
2022	64	0.83	M		2022	24	0.91	M	UPS
2022	60	0.58	M		2022	24	1.5	M	UPS
2022	38	1	M		2022	27	1.33	M	UPS
2022	24	0.91	M	UPS	2022	23	0.58	M	UPS
2022	32	0.91	M	UPS	2022	40	1.25	M	UPS
2022	21	1.91	M		2022	29	1.41	M	UPS
2022	29	0.75	M		2022	33	0.75	M	UPS
2022	21	0.83	M		2022	35	1.5	M	UPS
2022	46	1.08	M		2022	34	0.91	M	
2022	51	1	M		2022	54	0.41	M	
2022	43	1.16	M		2022	27	0.5	M	
2022	36	0.75	M		2022	62	0.91	M	
2022	36	1.66	M		2022	31	0.91	F	UPS
2022	55	1.16	M		2022	23	1	M	UPS
2022	33	0.91	M	UPS	2022	32	0.58	M	
2022	23	1.58	M		2022	23	0	F	
2022	33	0.5	M		2022	18	0	M	
2022	29	0.91	M		2022	34	0	M	UPS
2022	52	0.83	M		2022	53	0	M	
2022	29	1.16	M		2022	54	0	M	
2022	23	1.58	M		2022	32	0	M	
2022	39	0.83	M		2022	61	0	M	
2022	40	1.41	M		2022	37	0	M	
2022	26	1	M		2022	21	0	M	
2022	44	1.5	F	UPS	2022	25	0	M	
2022	28	0.75	M	UPS	2022	29	0	M	
2022	35	1.16	M		2022	32	0	M	
2022	42	1.66	M	UPS	2022	24	0	M	
2022	37	0.75	M		2022	26	0	M	
2022	25	0.75	F		2022	22	0	M	
2022	25	0.83	M		2022	19	0	M	
2022	34	1.91	M		2022	25	0	M	
2022	28	1.66	M	UPS	2022	53	0	M	

Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund
 Application for Special Financial Assistance
 EIN 25-1046087 /PN 001

PYE 6/30	Hire Age	Pension Service	Sex		PYE 6/30	Hire Age	Pension Service	Sex	
2022	39	0	M						
2022	55	0	M						
2022	21	0	M						
2022	41	0	M						

Certification by Plan Actuary: Amount of Special Financial Assistance

This is a certification that the requested amount of special financial assistance ("SFA") of \$120,742,941 is the amount to which the Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund ("Plan") is entitled under section 4262(j)(1) of ERISA and section 4262.4 of the Pension Benefit Guaranty Corporation's ("PBGC") SFA regulation. The amount of SFA for the Fund was calculated as of the SFA measurement date of December 31, 2022 in accordance with generally accepted actuarial principles and practices and the provisions under section 4262.4(e) of Pension Benefit Guaranty Corporation's ("PBGC") SFA regulation.

Foster & Foster has determined the amount of SFA at the request of the Board of Trustees of the Plan as part of the Plan's application for SFA. The calculation of the amount of SFA shown in the Plan's application for SFA is not applicable for other purposes.

The calculation of the amount of SFA is based on the assumptions and methods used in the 2020 certification of actuarial plan status, dated September 28, 2020, modified as described in Section D, Item 6b of the "General Instructions for Multiemployer Plans Applying for Special Financial Assistance." In addition, it is based on the participant census data as of June 30, 2022 used for the 2022 actuarial valuation of the Plan, the fair market value of assets as of the SFA measurement date certified by the plan sponsor, and other relevant information provided by the Plan Administrator. Foster & Foster does not audit the data provided. The accuracy and comprehensiveness of the data is the responsibility of those supplying the data. To the extent we can, however, Foster & Foster does review the data for reasonableness and consistency. Based on our review of the data, we have no reason to doubt the substantial accuracy of the information on which we have based the calculation of the SFA amount and we have no reason to believe there are facts or circumstances that would affect the validity of these results.

The count of participants as of June 30, 2022 used to determine the requested amount of SFA, after reflection of all death audit results and verification by the PBGC, is as follows:

Active Participants	456
Vested Terminated Participants	681
Participants in Pay Status	<u>1,611</u>
Total Participants	2,748

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied herein is complete and accurate. Each prescribed assumption for the determination of the SFA amount was applied in accordance with applicable law and regulations. In my opinion, all other assumptions are reasonable taking into account the experience of the plan and reasonable expectations.



Gregory J. Pastino, ASA, MAAA, EA
Senior Consulting Actuary
Enrolled Actuary No. 23-03916

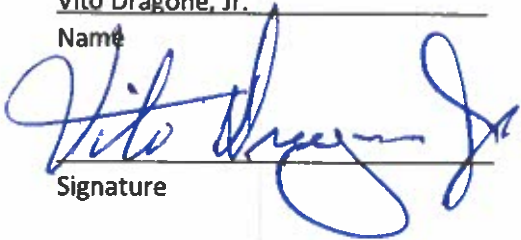
Date: November 27, 2024

Penalty of Perjury Statement

Under penalty of perjury under the laws of the United States of America, I declare that I am an authorized trustee who is a current member of the board of trustees of the Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund and that I have examined this application, including the accompanying documents, and, to the best of my knowledge and belief, the application contains all the relevant facts relating to the application; all statements of fact contained in the application are true, correct, and not misleading because of omission of any material fact; and all accompanying documents are what they purport to be.

Vito Dragone, Jr.

Name



Signature

November 27, 2024

Date

Larry J. Mayros

Name



Signature

November 27, 2024

Date

Application Checklist

v20240717p

Instructions for Section E, Item 1 of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance (SFA):


The Application to PBGC for Approval of Special Financial Assistance Checklist ("Application Checklist" or "Checklist") identifies all information required to be filed with an initial or revised application. For a supplemented application, instead use "Application Checklist - Supplemented." The Application Checklist is not required for a lock-in application.

For a plan required to submit additional information described in Addendum A of the SFA Filing Instructions, also complete Checklist Items #40.a. to #49.b., and if there is a merger as described in Addendum A, also complete Checklist Items #50 through #63.

Applications (including this Application Checklist), with the exception of lock-in applications, must be submitted to PBGC electronically through PBGC's e-Filing Portal, (<https://efilingportal.pbgc.gov/site/>). After logging into the e-Filing Portal, go to the Multiemployer Events section and click "Create New ME Filing." Under "Select a filing type," select "Application for Financial Assistance – Special." Note: revised and supplemented applications must be submitted by selecting "Create New ME Filing."

Note: If you go to the e-Filing Portal and do not see "Application for Financial Assistance – Special" under the "Select a Filing Type," then the e-Filing Portal is temporarily closed and PBGC is not accepting applications (other than lock-in applications) at the time, unless the plan is eligible to make an emergency filing under § 4262.10(f). PBGC's website, www.pbgc.gov, will be updated when the e-Filing Portal reopens for applications. PBGC maintains information on its website at www.pbgc.gov to inform prospective applicants about the current status of the e-Filing portal, as well as to provide advance notice of when PBGC expects to open or temporarily close the e-Filing Portal.

General instructions for completing the Application Checklist:

Complete all items that are shaded: 

If required information was already filed: (1) through PBGC's e-Filing Portal; or (2) through any means for an insolvent plan, a plan that has received a partition, or a plan that submitted an emergency filing, the filer may either upload the information with the application or include a statement in the Plan Comments section of the Application Checklist indicating the date on which and the submission with which the information was previously filed. For any such items previously provided, enter N/A as the **Plan Response**.

For a revised application, the filer may, but is not required to, submit an entire application. For all Application Checklist Items that were previously filed that are not being changed, the filer may include a statement in the Plan Comments section of the Application Checklist to indicate that the other information was previously provided as part of the initial application. For each, enter N/A as the **Plan Response**.

Instructions for specific columns:

Plan Response: Provide a response to each item on the Application Checklist, using only the **Response Options** shown for each Checklist Item.

Name(s) of Files Uploaded: Identify the full name of the file or files uploaded that are responsive to the Checklist Item. The column **Upload as Document Type** provides guidance on the "document type" to select when submitting documents on PBGC's e-Filing Portal.

Page Number Reference(s): For Checklist Items #22 to #29c, submit all information in a single document and identify here the relevant page numbers for each such Checklist Item.

Plan Comments: Use this column to provide explanations for any **Plan Response** that is N/A, to respond as may be specifically identified for Checklist Items, and to provide any optional explanatory comments.

Additional guidance is provided in the following columns:

Upload as Document Type: When uploading documents in PBGC's e-Filing Portal, select the appropriate Document Type for each document that is uploaded. This column provides guidance on the Document Type to select for each Checklist Item. You may upload more than one document using the same Document Type, and there may be Document Types on the e-Filing Portal for which you have no documents to upload.

Required Filenaming (if applicable): For certain Checklist Items, a specified format for naming the file is required.

SFA Instructions Reference: Identifies the applicable section and item number in PBGC's Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance.

You must select N/A if a Checklist Item # is not applicable to your application. **Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39 on the Application Checklist. If there has been an event as described in § 4262.4(f), complete Checklist Items #40.a. through #49.b., and if there has been a merger described in Addendum A, also complete Checklist Items #50 through #63. Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #40.a. through #49.b. if you are required to complete Checklist Items # 40.a. through #49.b. Your application will also be considered incomplete if No is entered as a Plan Response for any of Checklist Items #50 through #63 if you are required to complete Checklist Items #50 through #63.**

If a Checklist Item # asks multiple questions or requests multiple items, the Plan Response should only be Yes if the plan is providing all information requested for that Checklist Item.

Note, a Yes or No response is also required for Checklist Items #a through #f.

Note, in the case of a plan applying for priority consideration, the plan's application must also be submitted to the Treasury Department. If that requirement applies to an application, PBGC will transmit the application to the Treasury Department on behalf of the plan. See IRS Notice [NOTICE] for further information.

All information and documentation, unless covered by the Privacy Act, that is included in an SFA application may be posted on PBGC's website at www.pbgc.gov or otherwise publicly disclosed, without additional notification. Except to the extent required by the Privacy Act, PBGC provides no assurance of confidentiality in any information included in an SFA application.

Version Updates (newest version at top)

Version	Date updated
---------	--------------

v20240717p	07/17/2024	Update checklist items 11.c, 34.a, and 35 for death audit requirements and to align with instructions
v07272023p	07/27/2023	Updated checklist to include new Template 10 requirement and reflect changes to eligibility and death audit instructions
v20221129p	11/29/2022	Updated checklist item 11. for new death audit requirements
v20220802p	08/02/2022	Fixed some of the shading in the checklist
v20220706p	07/06/2022	

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)
EIN:	25-1046087
PN:	001
SFA Amount Requested:	\$120,742,941.00

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
Plan Information, Checklist, and Certifications									
a.		Is this application a revised application submitted after the denial of a previously filed application for SFA?	Yes No	No	N/A	N/A		N/A	N/A
b.		Is this application a revised application submitted after a plan has withdrawn its application for SFA that was initially submitted under the interim final rule?	Yes No	No	N/A	N/A		N/A	N/A
c.		Is this application a revised application submitted after a plan has withdrawn its application for SFA that was submitted under the final rule?	Yes No	No	N/A	N/A		N/A	N/A
d.		Did the plan previously file a lock-in application?	Yes No	No	N/A	N/A	If a "lock-in" application was filed, provide the filing date.	N/A	N/A
e.		Has this plan been terminated?	Yes No	No	N/A	N/A	If terminated, provide date of plan termination.	N/A	N/A
f.		Is this plan a MPRA plan as defined under § 4262.4(a)(3) of PBGC's SFA regulation?	Yes No	No	N/A	N/A		N/A	N/A
1.	Section B, Item (1)a.	Does the application include the most recent plan document or restatement of the plan document and all amendments adopted since the last restatement (if any)?	Yes No	N/A		N/A	This information was provided previously as part of other applications.	Pension plan documents, all versions available, and all amendments signed and dated	N/A
2.	Section B, Item (1)b.	Does the application include the most recent trust agreement or restatement of the trust agreement, and all amendments adopted since the last restatement (if any)?	Yes No	N/A		N/A	This information was provided previously as part of other applications.	Pension plan documents, all versions available, and all amendments signed and dated	N/A
3.	Section B, Item (1)c.	Does the application include the most recent IRS determination letter? Enter N/A if the plan does not have a determination letter.	Yes No N/A	N/A		N/A	This information was provided previously as part of other applications.	Pension plan documents, all versions available, and all amendments signed and dated	N/A
4.	Section B, Item (2)	Does the application include the actuarial valuation report for the 2018 plan year and each subsequent actuarial valuation report completed before the filing date of the initial application? Enter N/A if no actuarial valuation report was prepared because it was not required for any requested year. Is each report provided as a separate document using the required filename convention?	Yes No N/A	N/A		N/A	This information was provided previously as part of other applications.	Most recent actuarial valuation for the plan	YYYYAVR Plan Name
5.a.		Does the application include the most recent rehabilitation plan (or funding improvement plan, if applicable), including all subsequent amendments and updates, and the percentage of total contributions received under each schedule of the rehabilitation plan or funding improvement plan for the most recent plan year available?	Yes No	N/A		N/A	This information was provided previously as part of other applications.	Rehabilitation plan (or funding improvement plan, if applicable)	N/A

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:

Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)

EIN:

25-1046087

PN:

001

SFA Amount Requested:

\$120,742,941.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

-----Filers provide responses here for each Checklist Item:-----

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
5.b.	Section B, Item (3)	If the most recent rehabilitation plan does not include historical documentation of rehabilitation plan changes (if any) that occurred in calendar year 2020 and later, does the application include an additional document with these details? Enter N/A if the historical document is contained in the rehabilitation plans.	Yes No N/A	N/A		N/A		Rehabilitation plan (or funding improvement plan, if applicable)	N/A
6.	Section B, Item (4)	Does the application include the plan's most recently filed (as of the filing date of the initial application) Form 5500 (Annual Return/Report of Employee Benefit Plan) and all schedules and attachments (including the audited financial statement)? Is the 5500 filing provided as a single document using the required filename convention?	Yes No	N/A		N/A	This information was provided previously as part of other applications.	Latest annual return/report of employee benefit plan (Form 5500)	YYYYForm5500 Plan Name
7.a.	Section B, Item (5)	Does the application include the plan actuary's certification of plan status ("zone certification") for the 2018 plan year and each subsequent annual certification completed before the filing date of the initial application? Enter N/A if the plan does not have to provide certifications for any requested plan year. Is each zone certification (including the additional information identified in Checklist Items #7.b. and #7.c. below, if applicable) provided as a single document, separately for each plan year, using the required filename convention?	Yes No N/A	N/A		N/A	This information was provided previously as part of other applications.	Zone certification	YYYYZoneYYYYMMDD Plan Name, where the first "YYYY" is the applicable plan year, and "YYYYMMDD" is the date the certification was prepared.
7.b.		Does the application include documentation for all zone certifications that clearly identifies all assumptions used including the interest rate used for funding standard account purposes? If such information is provided in an addendum, addendums are only required for the most recent actuarial certification of plan status completed before January 1, 2021 and each subsequent annual certification. Is this information included in the single document in Checklist Item #7.a. for the applicable plan year? Enter N/A if the plan entered N/A for Checklist Item #7a.	Yes No N/A	N/A	N/A - include as part of documents in Checklist Item #7.a.	N/A	This information was provided previously as part of other applications.	N/A - include as part of documents in Checklist Item #7.a.	N/A - included in a single document for each plan year - See Checklist Item #7.a.

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)
EIN:	25-1046087
PN:	001
SFA Amount Requested:	\$120,742,941.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

-----Filers provide responses here for each Checklist Item:-----

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
7.c.		For a certification of critical and declining status, does the application include the required plan-year-by-plan-year projection (showing the items identified in Section B, Item (5)a. through (5)f. of the SFA Instructions) demonstrating the plan year that the plan is projected to become insolvent? If required, is this information included in the single document in Checklist Item #7.a. for the applicable plan year? Enter N/A if the plan entered N/A for Checklist Item #7.a. or if the application does not include a certification of critical and declining status.	Yes No N/A	N/A	N/A - include as part of documents in Checklist Item #7.a.	N/A	This information was provided previously as part of other applications.	N/A - include as part of documents in Checklist Item #7.a.	N/A - included in a single document for each plan year - See Checklist Item #7.a.
8.	Section B, Item (6)	Does the application include the most recent account statements for each of the plan's cash and investment accounts? Insolvent plans may enter N/A, and identify in the Plan Comments that this information was previously submitted to PBGC and the date submitted.	Yes No N/A	N/A		N/A	This information was provided previously as part of other applications.	Bank/Asset statements for all cash and investment accounts	N/A
9.	Section B, Item (7)	Does the application include the most recent plan financial statement (audited, or unaudited if audited is not available)? Insolvent plans may enter N/A, and identify in the Plan Comments that this information was previously submitted to PBGC and the date submitted.	Yes No N/A	N/A		N/A	This information was provided previously as part of other applications.	Plan's most recent financial statement (audited, or unaudited if audited not available)	N/A
10.	Section B, Item (8)	Does the application include all of the plan's written policies and procedures governing the plan's determination, assessment, collection, settlement, and payment of withdrawal liability? Are all such items included as a single document using the required filenaming convention?	Yes No N/A	N/A		N/A	This information was provided previously as part of other applications.	Pension plan documents, all versions available, and all amendments signed and dated	WDL Plan Name
11.a.	Section B, Item (9)a.	Does the application include documentation of a death audit to identify deceased participants that was completed on the census data used for SFA purposes, including identification of the service provider conducting the audit, date performed, the participant counts (provided separately for current retirees and beneficiaries, current terminated vested participants not yet in pay status, and current active participants) run through the death audit, and a copy of the results of the audit provided to the plan administrator by the service provider? If applicable, has personally identifiable information in this report been redacted prior to submission to PBGC? Is this information included as a single document using the required filenaming convention?	Yes No	N/A		N/A	This information was provided previously as part of other applications.	Pension plan documents, all versions available, and all amendments signed and dated	Death Audit Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:

Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)

EIN:

25-1046087

PN:

001

SFA Amount Requested:

\$120,742,941.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

-----Filers provide responses here for each Checklist Item:-----

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
11.b.		If any known deaths occurred before the date of the census data used for SFA purposes, is a statement certifying these deaths were reflected for SFA calculation purposes provided?	Yes No N/A	Yes	N/A - include as part of documents in Checklist Item #11.a.	N/A	This information was provided previously as part of other applications.	N/A	N/A - include as part of documents in Checklist Item #11.a.
11.c.	Section B, Item (9)b. & Item (9)c.	Does the application include full census data (Social Security Number, name, and participant status) of all participants that were included in the SFA projections? Is this information provided in Excel, or in an Excel-compatible format? Or, if this data was submitted in advance of the application, in accordance with Section B, Item (9)c. of the Instructions, does the application contain a description of how the results of PBGC's independent death audit are reflected for SFA calculation purposes?	Yes No N/A	N/A		N/A	The full census data was submitted to the PBGC in October 2023. Changes identified by the PBGC on October 31, 2023 were incorporated in the data as of 7/1/2022. PBGC accepted all changes by July 24, 2024.	Submit the data file and the date of the census data through PBGC's secure file transfer system, Leapfile. Go to http://pbgc.leapfile.com, click on "Secure Upload" and then enter sfa@pbgc.gov as the recipient email address and upload the file(s) for secure transmission.	Include as the subject "Submission of Terminated Vested Census Data for (Plan Name)," and as the memo "(Plan Name) terminated vested census data dated (date of census data) through Leapfile for independent audit by PBGC."
12.	Section B, Item (10)	Does the application include information required to enable the plan to receive electronic transfer of funds if the SFA application is approved, including (if applicable) a notarized payment form? See SFA Instructions, Section B, Item (10).	Yes No	N/A		N/A	This information was provided previously as part of other applications.	Other	N/A
13.	Section C, Item (1)	Does the application include the plan's projection of expected benefit payments that should have been attached to the Form 5500 Schedule MB in response to line 8b(1) on the Form 5500 Schedule MB for plan years 2018 through the last year the Form 5500 was filed by the filing date of the initial application? Enter N/A if the plan is not required to respond Yes to line 8b(1) on the Form 5500 Schedule MB. See Template 1. Does the uploaded file use the required filenaming convention?	Yes No N/A	N/A		N/A	This information was provided previously as part of other applications.	Financial assistance spreadsheet (template)	Template 1 Plan Name

APPLICATION CHECKLIST

Plan name:

Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)

EIN:

25-1046087

PN:

001

SFA Amount Requested:

\$120,742,941.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
14.	Section C, Item (2)	If the plan was required to enter 10,000 or more participants on line 6f of the most recently filed Form 5500 (by the filing date of the initial application), does the application include a current listing of the 15 largest contributing employers (the employers with the largest contribution amounts) and the amount of contributions paid by each employer during the most recently completed plan year before the filing date of the initial application (without regard to whether a contribution was made on account of a year other than the most recently completed plan year)? If this information is required, it is required for the 15 largest contributing employers even if the employer's contribution is less than 5% of total contributions. Enter N/A if the plan is not required to provide this information. See Template 2. Does the uploaded file use the required filenaming convention?	Yes No N/A	N/A		N/A		Contributing employers	Template 2 Plan Name
15.	Section C, Item (3)	Does the application include historical plan information for the 2010 plan year through the plan year immediately preceding the date the plan's initial application was filed that separately identifies: total contributions, total contribution base units (including identification of the unit used), average contribution rates, and number of active participants at the beginning of each plan year? For the same period, does the application show all other sources of non-investment income such as withdrawal liability payments collected, reciprocity contributions (if applicable), additional contributions from the rehabilitation plan (if applicable), and other identifiable sources of contributions? See Template 3. Does the uploaded file use the required filenaming convention?	Yes No	N/A		N/A	This information was provided previously as part of other applications.	Historical Plan Financial Information (CBUs, contribution rates, contribution amounts, withdrawal liability payments)	Template 3 Plan Name
16.a.	Section C, Items (4)a., (4)e., and (4)f.	Does the application include the information used to determine the amount of SFA for the plan using the basic method described in § 4262.4(a)(1) based on a deterministic projection and using the actuarial assumptions as described in § 4262.4(e)? See Template 4A, 4A-4 SFA Details .4(a)(1) sheet and Section C, Item (4) of the SFA Filing Instructions for more details on these requirements. Does the uploaded file use the required filenaming convention?	Yes No	Yes	Template_4A_SWPA_4th_revisionv2.xlsx	N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 4A Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)
EIN:	25-1046087
PN:	001
SFA Amount Requested:	\$120,742,941.00

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
16.b.i.	Addendum D Section C, Item (4)a. - MPRA plan information A. Addendum D Section C, Item (4)e. - MPRA plan information A.	If the plan is a MPRA plan, does the application also include the information used to determine the amount of SFA for the plan using the <u>increasing assets method</u> described in § 4262.4(a)(2)(i) based on a deterministic projection and using the actuarial assumptions as described in § 4262.4(e)? See Template 4A, <i>4A-5 SFA Details .4(a)(2)(i)</i> sheet and Addendum D for more details on these requirements. Enter N/A if the plan is not a MPRA Plan.	Yes No N/A	N/A	N/A - included as part of Template 4A Plan Name	N/A		N/A	N/A - included in Template 4A Plan Name
16.b.ii.	Addendum D Section C, Item (4)f. - MPRA plan information A.	If the plan is a MPRA plan for which the requested amount of SFA is determined using the <u>increasing assets method</u> described in § 4262.4(a)(2)(i), does the application also explicitly identify the projected SFA exhaustion year based on the <u>increasing assets method</u> ? See Template 4A, <i>4A-5 SFA Details .4(a)(2)(i)</i> sheet and Addendum D. Enter N/A if the plan is not a MPRA Plan or if the requested amount of SFA is determined based on the present value method.	Yes No N/A	N/A	N/A - included as part of Template 4A Plan Name	N/A		N/A	N/A - included in Template 4A Plan Name
16.b.iii.	Addendum D Section C, Item (4)a. - MPRA plan information B Addendum D Section C, Item (4)e. (4)f., and (4)g. - MPRA plan information B.	If the plan is a MPRA plan for which the requested amount of SFA is determined using the <u>present value method</u> described in § 4262.4(a)(2)(ii), does the application also include the information for such plans as shown in Template 4B, including <i>4B-1 SFA Ben Pmts</i> sheet, <i>4B-2 SFA Details 4(a)(2)(ii)</i> sheet, and <i>4B-3 SFA Exhaustion</i> sheet? See Addendum D and Template 4B. Enter N/A if the plan is not a MPRA Plan or if the requested amount of SFA is determined based on the increasing assets method.	Yes No N/A	N/A		N/A		N/A	<i>Template 4B Plan Name</i>
16.c.	Section C, Items (4)b. and (4)c.	Does the application include identification of the non-SFA interest rate and the SFA interest rate, including details on how each was determined? See Template 4A, <i>4A-1 Interest Rates</i> sheet.	Yes No	Yes	N/A - included as part of Template 4A Plan Name	N/A		N/A	N/A - included in Template 4A Plan Name
16.d.	Section C, Item (4).e.ii.	For each year in the SFA coverage period, does the application include the projected benefit payments (excluding make-up payments, if applicable), separately for current retirees and beneficiaries, current terminated vested participants not yet in pay status, current active participants, and new entrants? See Template 4A, <i>4A-2 SFA Ben Pmts</i> sheet.	Yes No	Yes	N/A - included as part of Template 4A Plan Name	N/A		N/A	N/A - included in Template 4A Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)
EIN:	25-1046087
PN:	001
SFA Amount Requested:	\$120,742,941.00

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
16.e.	Section C, Item (4)e.iv. and (4)e.v.	For each year in the SFA coverage period, does the application include a breakdown of the administrative expenses between PBGC premiums and all other administrative expenses? Does the application include the projected total number of participants at the beginning of each plan year in the SFA coverage period? See Template 4A, <i>4A-3 SFA Pcount and Admin Exp</i> sheet.	Yes No	Yes	N/A - included as part of Template 4A Plan Name	N/A		N/A	N/A - included in Template 4A Plan Name
17.a.	Section C, Item (5)	<p>For a plan that is not a MPRA plan, does the application include a separate deterministic projection ("Baseline") in the same format as Checklist Items #16.a., #16.d., and #16.e. that shows the amount of SFA that would be determined using the <u>basic method</u> if the assumptions/methods used are the same as those used in the most recent actuarial certification of plan status completed before January 1, 2021 ("pre-2021 certification of plan status") excluding the plan's non-SFA interest rate and SFA interest rate, which should be the same as in Checklist Item #16.a.? See Section C, Item (5) of the SFA Filing Instructions for other potential exclusions from this requirement.</p> <p>If (a) the plan is a MPRA plan, or if (b) this item is not required for a plan that is not a MPRA plan, enter N/A. If entering N/A due to (b), add information in the Plan Comments to explain why this item is not required.</p> <p>Does the uploaded file use the required filenaming convention?</p>	Yes No N/A	N/A		N/A	This information was provided as part of the immediately previous application.	Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 5A Plan Name
17.b.	Addendum D Section C, Item (5)	<p>For a MPRA plan for which the requested amount of SFA is determined using the <u>increasing assets method</u>, does the application include a separate deterministic projection ("Baseline") in the same format as Checklist Items #16.b.i., #16.d., and #16.e. that shows the amount of SFA that would be determined using the <u>increasing assets method</u> if the assumptions/methods used are the same as those used in the most recent actuarial certification of plan status completed before January 1, 2021 ("pre-2021 certification of plan status") excluding the plan's non-SFA interest rate and SFA interest rate, which should be the same as used in Checklist Item #16.b.i.? See Section C, Item (5) of the SFA Filing Instructions for other potential exclusions from this requirement. Also see Addendum D.</p> <p>If the plan is (a) not a MPRA plan, (b) a MPRA plan using the present value method, or (c) is otherwise not required to provide this item, enter N/A. If entering N/A due to (c), add information in the Plan Comments to explain why this item is not required.</p> <p>Does the uploaded file use the required filenaming convention?</p>	Yes No N/A	N/A		N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 5A Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)
EIN:	25-1046087
PN:	001
SFA Amount Requested:	\$120,742,941.00

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
17.c.	Addendum D Section C, Item (5)	For a MPRA plan for which the requested amount of SFA is determined using the <u>present value method</u> , does the application include a separate deterministic projection ("Baseline") in the same format as Checklist Item #16.b.iii. that shows the amount of SFA that would be determined using the <u>present value method</u> if the assumptions used/methods are the same as those used in the most recent actuarial certification of plan status completed before January 1, 2021 ("pre-2021 certification of plan status") excluding the plan's SFA interest rate which should be the same as used in Checklist Item #16.b.iii. See Section C, Item (5) of the SFA Filing Instructions for other potential exclusions from this requirement. Also see Addendum D. If the plan is (a) not a MPRA plan, (b) a MPRA plan using the increasing assets method, or (c) is otherwise not required to provide this item, enter N/A. If entering N/A due to (c), add information in the Plan Comments to explain why this item is not required. Has this document been uploaded using the required filenaming convention?	Yes No N/A	N/A		N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 5B Plan Name
18.a.	Section C, Item (6)	For a plan that is not a MPRA plan, does the application include a reconciliation of the change in the total amount of requested SFA due to each change in assumption/method from the Baseline to the requested SFA amount? Does the application include a deterministic projection and other information for each assumption/method change, in the same format as Checklist Item #16.a? Enter N/A if the plan is not required to provide Baseline information in Checklist Item #17.a. Enter N/A if the requested SFA amount in Checklist Item #16.a. is the same as the amount shown in the Baseline details of Checklist Item #17.a. See Section C, Item (6) of the SFA Filing Instructions for other potential exclusions from this requirement. If the plan is a MPRA plan, enter N/A. If the plan is otherwise not required to provide this item, enter N/A and provide an explanation in the Plan Comments. Does the uploaded file use the required filenaming convention?	Yes No N/A	Yes	Template_6A_SWPA_4th_revision.xlsx	N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 6A Plan Name

APPLICATION CHECKLIST

Plan name:	Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)
EIN:	25-1046087
PN:	001
SFA Amount Requested:	\$120,742,941.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
18.b.	Addendum D Section C, Item (6)	For a MPRA plan for which the requested amount of SFA is based on the <u>increasing assets method</u> , does the application include a reconciliation of the change in the total amount of requested SFA using the <u>increasing assets method</u> due to each change in assumption/method from the Baseline to the requested SFA amount? Does the application include a deterministic projection and other information for each assumption/method change, in the same format as Checklist Item #16.b.i.? Enter N/A if the plan is not required to provide Baseline information in Checklist Item #17.b. Enter N/A if the requested SFA amount in Checklist Item #16.b.i. is the same as the amount shown in the Baseline details of Checklist Item #17.b. See Addendum D. See Section C, Item (6) of the SFA Filing Instructions for other potential exclusions from this requirement, and enter N/A if this item is not otherwise required. If the plan is (a) not a MPRA plan, (b) a MPRA plan using the present value method, or (c) is otherwise not required to provide this item, enter N/A. If entering N/A due to (c), add information in the Plan Comments to explain why this item is not required. Does the uploaded file use the required filenaming convention?	Yes No N/A	N/A		N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 6A Plan Name
18.c.	Addendum D Section C, Item (6)	For a MPRA plan for which the requested amount of SFA is based on the <u>present value method</u> , does the application include a reconciliation of the change in the total amount of requested SFA using the <u>present value method</u> due to each change in assumption/method from Baseline to the requested SFA amount? Does the application include a deterministic projection and other information for each assumption/method change, in the same format as Checklist Item #16.b.iii.? See Section C, Item (6) of the SFA Filing Instructions for other potential exclusions from this requirement. Also see Addendum D. If the plan is (a) not a MPRA plan, (b) a MPRA plan using the increasing assets method, or (c) is otherwise not required to provide this item, enter N/A. If entering N/A due to (c), add information in the Plan Comments to explain why this item is not required. Has this document been uploaded using the required filenaming convention?	Yes No N/A	N/A		N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 6B Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)
EIN:	25-1046087
PN:	001
SFA Amount Requested:	\$120,742,941.00

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
19.a.	Section C, Item (7)a.	For plans eligible for SFA under § 4262.3(a)(1) or § 4262.3(a)(3), does the application include a table identifying which assumptions/methods used in determining the plan's eligibility for SFA differ from those used in the pre-2021 certification of plan status, and does that table include brief explanations as to why using those assumptions/methods is no longer reasonable and why the changed assumptions/methods are reasonable (an abbreviated version of information provided in Checklist Item #28.a.)? Enter N/A if the plan is eligible for SFA under § 4262.3(a)(2) or § 4262.3(a)(4) or if the plan is eligible based on a certification of plan status completed before 1/1/2021. Also enter N/A if the plan is eligible based on a certification of plan status completed after 12/31/2020 but that reflects the same assumptions as those in the pre-2021 certification of plan status. See Template 7, <i>7a Assump Changes for Elig</i> sheet. Does the uploaded file include both Checklist Items #19.a. and #19.b., and does it use the required filenaming convention?	Yes No N/A	N/A		N/A		Financial assistance spreadsheet (template)	Template 7 Plan Name.
19.b.	Section C, Item (7)b.	Does the application include a table identifying which assumptions/methods used to determine the requested SFA differ from those used in the pre-2021 certification of plan status (except the interest rates used to determine SFA)? Does this item include brief explanations as to why using those original assumptions/methods is no longer reasonable and why the changed assumptions/methods are reasonable? If a changed assumption is an extension of the CBU assumption or the administrative expenses assumption as described in Paragraph A “Adoption of assumptions not previously factored into pre-2021 certification of plan status” of Section III, Acceptable Assumption Changes of PBGC’s SFA assumptions guidance, does the application state so? This should be an abbreviated version of information provided in Checklist Item #28.b. See Template 7, <i>7b Assump Changes for Amount</i> sheet. Does the uploaded file include both Checklist Items #19.a. and #19.b., and does it use the required filenaming convention?	Yes No	Yes	Template_7_SWPA_4th_revision.xlsx	N/A		Financial assistance spreadsheet (template)	Template 7 Plan Name
20.a.	Section C, Item (8)	Does the application include details of the projected contributions and withdrawal liability payments used to calculate the requested SFA amount, including total contributions, contribution base units (including identification of base unit used), average contribution rate(s), reciprocity contributions (if applicable), additional contributions from the rehabilitation plan (if applicable), and any other identifiable contribution streams? See Template 8.	Yes No	Yes	Template_8_SWPA_4th_revision.xlsx	N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 8 Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)
EIN:	25-1046087
PN:	001
SFA Amount Requested:	\$120,742,941.00

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
20.b.	Section C, Item (9)	Does the application separately show the amounts of projected withdrawal liability payments for employers that are currently withdrawn as of the date the initial application is filed, and assumed future withdrawals? Does the application also provide the projected number of active participants at the beginning of each plan year? See Template 8.	Yes No	Yes	N/A - include as part of Checklist Item #20.a.	N/A		N/A	N/A - included in <i>Template 8 Plan Name</i>
21.	Section C, Item (10)	Does the application provide a table identifying and describing all assumptions and methods used in i) the pre-2021 certification of plan status, ii) the “Baseline” projection in Section C Item (5), and iii) the determination of the amount of SFA in Section C Item (4)? Does the table state if each changed assumption falls under Section III, Acceptable Assumption Changes, or Section IV, Generally Accepted Assumption Changes, in PBGC’s SFA assumptions guidance, or if it should be considered an “Other Change”? Does the uploaded file use the required filenaming convention?	Yes No	Yes	Template_10_SWPA_4th_submission.xlsx	N/A		Financial assistance spreadsheet (template)	Template 10 Plan Name
22.	Section D	Was the application signed and dated by an authorized trustee who is a current member of the board of trustees or another authorized representative of the plan sponsor and include the printed name and title of the signer?	Yes No	Yes	SFA_App_SWPA_4th_revision	2		Financial Assistance Application	SFA App Plan Name
23.a.	Section D, Item (1)	For a plan that is not a MPRA plan, does the application include an optional cover letter? Enter N/A if the plan is a MPRA plan, or if the plan is not a MPRA plan and did not include an optional cover letter.	Yes N/A	Yes	N/A - included as part of SFA App Plan Name	1		N/A	N/A - included as part of SFA App Plan Name
23.b.		For a plan that is a MPRA plan, does the application include a cover letter? Does the cover letter identify the calculation method (basic method, increasing assets method, or present value method) that provides the greatest amount of SFA? For a MPRA plan with a partition, does the cover letter include a statement that the plan has been partitioned under section 4233 of ERISA? Enter N/A if the plan is not a MPRA plan.	Yes No N/A	N/A	N/A - included as part of SFA App Plan Name			N/A	N/A - included as part of SFA App Plan Name
24.	Section D, Item (2)	Does the application include the name, address, email, and telephone number of the plan sponsor, plan sponsor's authorized representative, and any other authorized representatives?	Yes No	Yes	N/A - included as part of SFA App Plan Name	3		N/A	N/A - included as part of SFA App Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:

Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)

EIN:

25-1046087

PN:

001

SFA Amount Requested:

\$120,742,941.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

-----Filers provide responses here for each Checklist Item:-----

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
25.	Section D, Item (3)	Does the application identify the eligibility criteria in § 4262.3 that qualifies the plan as eligible to receive SFA, and include the requested information for each item that is applicable, as described in Section D, Item (3) of the SFA Filing Instructions?	Yes No	Yes	N/A - included as part of SFA App Plan Name	4	The Plan is eligible for SFA under 29 CFR § 4262.3(a)(1) as it was certified to be in Critical and Declining status as of July 1, 2020	N/A	N/A - included as part of SFA App Plan Name
26.a.	Section D, Item (4)	If the plan's application is submitted on or before March 11, 2023, does the application identify the plan's priority group (see § 4262.10(d)(2))? Enter N/A if the plan's application is submitted after March 11, 2023.	Yes No N/A	Yes	N/A - included as part of SFA App Plan Name	5	PG 5	N/A	N/A - included as part of SFA App Plan Name
26.b.		If the plan is submitting an emergency application under § 4262.10(f), is the application identified as an emergency application with the applicable emergency criteria identified? Enter N/A if the plan is not submitting an emergency application.	Yes No N/A	N/A	N/A - included as part of SFA App Plan Name			N/A	N/A - included as part of SFA App Plan Name
27.	Section D, Item (5)	Does the application include a detailed narrative description of the development of the assumed future contributions and assumed future withdrawal liability payments used in the basic method (and in the increasing assets method for a MPRA plan)?	Yes No	Yes	N/A - included as part of SFA App Plan Name	6		N/A	N/A - included as part of SFA App Plan Name
28.a.	Section D, Item (6)a.	For plans eligible for SFA under § 4262.3(a)(1) or § 4262.3(a)(3), does the application identify which assumptions/methods (if any) used in showing the plan's eligibility for SFA differ from those used in the most recent certification of plan status completed before 1/1/2021? If there are any assumption/method changes, does the application include detailed explanations and supporting rationale and information as to why using the identified assumptions/methods is no longer reasonable and why the changed assumptions/methods are reasonable? Enter N/A if the plan is not eligible under § 4262.3(a)(1) or § 4262.3(a)(3). Enter N/A if there are no such assumption changes.	Yes No N/A	Yes	N/A - included as part of SFA App Plan Name	7-16		N/A	N/A - included as part of SFA App Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:

Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)

EIN:

25-1046087

PN:

001

SFA Amount Requested:

\$120,742,941.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

-----Filers provide responses here for each Checklist Item:-----

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
28.b.	Section D, Item (6)b.	Does the application identify which assumptions/methods (if any) used to determine the requested SFA amount differ from those used in the most recent certification of plan status completed before 1/1/2021 (excluding the plan's non-SFA and SFA interest rates, which must be the same as the interest rates required by § 4262.4(e)(1) and (2))? If there are any assumption/method changes, does the application include detailed explanations and supporting rationale and information as to why using the identified original assumptions/methods is no longer reasonable and why the changed assumptions/methods are reasonable? Does the application state if the changed assumption is an extension of the CBU assumption or the administrative expenses assumption as described in Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's SFA Assumptions?	Yes No	Yes	N/A - included as part of SFA App Plan Name	7-16		N/A	N/A - included as part of SFA App Plan Name
28.c.	Section D, Item (6)	If the mortality assumption uses a plan-specific mortality table or a plan-specific adjustment to a standard mortality table (regardless of if the mortality assumption is changed or unchanged from that used in the most recent certification of plan status completed before 1/1/2021), is supporting information provided that documents the methodology used and the rationale for selection of the methodology used to develop the plan-specific rates, as well as detailed information showing the determination of plan credibility and plan experience? Enter N/A is the mortality assumption does not use a plan-specific mortality table or a plan-specific adjustment to a standard mortality table for eligibility or for determining the SFA amount.	Yes No N/A	N/A	N/A - included as part of SFA App Plan Name			N/A	N/A - included as part of SFA App Plan Name
29.a.	Section D, Item (7)	Does the application include, for an eligible plan that implemented a suspension of benefits under section 305(e)(9) or section 4245(a) of ERISA, a narrative description of how the plan will reinstate the benefits that were previously suspended and a proposed schedule of payments (equal to the amount of benefits previously suspended) to participants and beneficiaries? Enter N/A for a plan that has not implemented a suspension of benefits.	Yes No N/A	N/A	N/A - included as part of SFA App Plan Name			N/A	N/A - included as part of SFA App Plan Name
29.b.	Section D, Item (7)	If Yes was entered for Checklist Item #29.a., does the proposed schedule show the yearly aggregate amount and timing of such payments, and is it prepared assuming the effective date for reinstatement is the day after the SFA measurement date? Enter N/A for a plan that entered N/A for Checklist Item #29.a.	Yes No N/A	N/A	N/A - included as part of SFA App Plan Name			N/A	N/A - included as part of SFA App Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:

Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)

EIN:

25-1046087

PN:

001

SFA Amount Requested:

\$120,742,941.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

-----Filers provide responses here for each Checklist Item:-----

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
29.c.	Section D, Item (7)	If the plan restored benefits under 26 CFR 1.432(e)(9)-1(e)(3) before the SFA measurement date, does the proposed schedule reflect the amount and timing of payments of restored benefits and the effect of the restoration on the benefits remaining to be reinstated? Enter N/A for a plan that did not restore benefits under 26 CFR 1.432(e)(9)-1(e)(3) before the SFA measurement date. Also enter N/A for a plan that entered N/A for Checklist Items #29.a. and #29.b.	Yes No N/A	N/A	N/A - included as part of SFA App Plan Name			N/A	N/A - included as part of SFA App Plan Name
30.a.	Section E, Item (1)	Does the application include a fully completed Application Checklist, including the required information at the top of the Application Checklist (plan name, employer identification number (EIN), 3-digit plan number (PN), and SFA amount requested)?	Yes No	Yes	App_Checklist_SWPA_4th_revision	N/A		Special Financial Assistance Checklist	App Checklist Plan Name
30.b.	Section E, Item (1) - Addendum A	If the plan is required to provide information required by Addendum A of the SFA Filing Instructions (for "certain events"), are the additional Checklist Items #40.a. through #49.b. completed? Enter N/A if the plan is not required to submit the additional information described in Addendum A.	Yes No N/A	N/A	N/A	N/A		Special Financial Assistance Checklist	N/A
31.	Section E, Item (2)	If the plan claims SFA eligibility under § 4262.3(a)(1) of PBGC's SFA regulation based on a certification by the plan's enrolled actuary of plan status for SFA eligibility purposes completed on or after January 1, 2021, does the application include: (i) plan actuary's certification of plan status for SFA eligibility purposes for the specified year (and, if applicable, for each plan year after the plan year for which the pre-2021 zone certification was prepared and for the plan year immediately prior to the specified year)? (ii) for each certification in (i) above, does the application include all details and additional information described in Section B, Item (5) of the SFA Filing Instructions, including clear documentation of all assumptions, methods and census data used? (iii) for each certification in (i) above, does the application identify all assumptions and methods that are different from those used in the pre-2021 zone certification? Does the certification by the plan's enrolled actuary include clear indication of all assumptions and methods used including source of and date of participant data, measurement date, and a statement that the actuary is qualified to render the actuarial opinion? If the plan does not claim SFA eligibility under § 4262.3(a)(1) or claims SFA eligibility under § 4262.3(a)(1) using a zone certification completed before January 1, 2021, enter N/A. Is the information for this Checklist Item #31 contained in a single document and uploaded using the required filenaming convention?	Yes No N/A	N/A		N/A		Financial Assistance Application	SFA Elig Cert CD Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)
EIN:	25-1046087
PN:	001
SFA Amount Requested:	\$120,742,941.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

-----Filers provide responses here for each Checklist Item:-----

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
32.a.	Section E, Item (3)	If the plan claims SFA eligibility under § 4262.3(a)(3) of PBGC's SFA regulation based on a certification by the plan's enrolled actuary of plan status for SFA eligibility purposes completed on or after January 1, 2021, does the application include: (i) plan actuary's certification of plan status for SFA eligibility purposes for the specified year (and, if applicable, for each plan year after the plan year for which the pre-2021 zone certification was prepared and for the plan year immediately prior to the specified year)? (ii) for each certification in (i) above, does the application include all details and additional information described in Section B, Item (5) of the SFA Filing Instructions, including clear documentation of all assumptions, methods and census data used? (iii) for each certification in (i) above, does the application identify all assumptions and methods that are different from those used in the pre-2021 zone certification? Does the certification by the plan's enrolled actuary include clear indication of all assumptions and methods used including source of and date of participant data, measurement date, and a statement that the actuary is qualified to render the actuarial opinion? If the plan does not claim SFA eligibility under § 4262.3(a)(3) or claims SFA eligibility under § 4262.3(a)(3) using a zone certification completed before January 1, 2021, enter N/A. Is the information for Checklist Items #32.a. and #32.b. contained in a single document and uploaded using the required filenaming convention?		N/A		N/A		Financial Assistance Application	SFA Elig Cert C Plan Name
32.b.	Section E, Item (3)	If the plan claims SFA eligibility under § 4262.3(a)(3) of PBGC's SFA regulation, does the application include a certification from the plan's enrolled actuary that the plan qualifies for SFA based on the applicable certification of plan status for SFA eligibility purposes for the specified year, and by meeting the other requirements of § 4262.3(c) of PBGC's SFA regulation. Does the provided certification include: (i) identification of the specified year for each component of eligibility (certification of plan status for SFA eligibility purposes, modified funding percentage, and participant ratio) (ii) derivation of the modified funded percentage (iii) derivation of the participant ratio Does the certification identify what test(s) under section 305(b)(2) of ERISA is met for the specified year listed above? Does the certification identify all assumptions and methods (including supporting rationale, and where applicable, reliance on the plan sponsor) used to develop the withdrawal liability receivable that is utilized in the calculation of the modified funded percentage? Enter N/A if the plan does not claim SFA eligibility under §4262.3(a)(3).	Yes No N/A	N/A	N/A - included with SFA Elig Cert C Plan Name	N/A		Financial Assistance Application	N/A - included in SFA Elig Cert C Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)
EIN:	25-1046087
PN:	001
SFA Amount Requested:	\$120,742,941.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

-----Filers provide responses here for each Checklist Item:-----

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
33.	Section E, Item (4)	If the plan's application is submitted on or prior to March 11, 2023, does the application include a certification from the plan's enrolled actuary that the plan is eligible for priority status, with specific identification of the applicable priority group? This item is not required (enter N/A) if the plan is insolvent, has implemented a MPRA suspension as of 3/11/2021, is in critical and declining status and had 350,000+ participants, or is listed on PBGC's website at www.pbgc.gov as being in priority group 6. See § 4262.10(d). Does the certification by the plan's enrolled actuary include clear indication of all assumptions and methods used including source of and date of participant data, measurement date, and a statement that the actuary is qualified to render the actuarial opinion? Is the filename uploaded using the required filenaming convention?	Yes No N/A	N/A		N/A	This information was provided previously as part of other applications.	Financial Assistance Application	PG Cert Plan Name
34.a.	Section E, Item (5)	Does the application include the certification by the plan's enrolled actuary that the requested amount of SFA is the amount to which the plan is entitled under section 4262(j)(1) of ERISA and § 4262.4 of PBGC's SFA regulation? Does this certification include: (i) plan actuary's certification that identifies the requested amount of SFA and certifies that this is the amount to which the plan is entitled? (ii) clear indication of all assumptions and methods used including source of and date of participant data, measurement date, and a statement that the actuary is qualified to render the actuarial opinion? (iii) the count of participants (provided separately, after reflection of the death audit results in Section B(9), for current retirees and beneficiaries, current terminated vested participants not yet in pay status, and current active participants) as of the participant census date? Is the information in Checklist #34.a. combined with #34.b. (if applicable) as a single document, and uploaded using the required filenaming convention?	Yes No	Yes	SFA_Amount_Cert_SWPA_4th_revision.pdf	N/A		Financial Assistance Application	SFA Amount Cert Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)
EIN:	25-1046087
PN:	001
SFA Amount Requested:	\$120,742,941.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

-----Filers provide responses here for each Checklist Item:-----

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
34.b.		If the plan is a MPRA plan, does the certification by the plan's enrolled actuary identify the amount of SFA determined under the basic method described in § 4262.4(a)(1) and the amount determined under the increasing assets method in § 4262.4(a)(2)(i)? If the amount of SFA determined under the “present value method” described in § 4262.4(a)(2)(ii) is not the greatest amount of SFA under § 4262.4(a)(2), does the certification state as such? If the amount of SFA determined under the “present value method” described in § 4262.4(a)(2)(ii) is the greatest amount of SFA under § 4262.4(a)(2), does the certification identify that amount? Enter N/A if the plan is not a MPRA plan.	Yes No N/A	N/A	N/A - included with SFA Amount Cert Plan Name	N/A		N/A - included in SFA Amount Cert Plan Name	N/A - included in SFA Amount Cert Plan Name
35.	Section E, Item (6)	Does the application include the plan sponsor's identification of the amount of fair market value of assets at the SFA measurement date and certification that this amount is accurate? Does the application also include: (i) information that substantiates the asset value and how it was developed (e.g., trust or account statements, specific details of any adjustments)? (ii) a reconciliation of the fair market value of assets from the date of the most recent audited plan financial statements to the SFA measurement date (showing beginning and ending fair market value of assets for this period as well as the following items for the period: contributions, withdrawal liability payments, benefits paid, administrative expenses, and investment income)? (iii) if the SFA measurement date is the end of a plan year for which the audited plan financial statements have been issued, does the application include a reconciliation schedule showing adjustments, if any, made to the audited fair market value of assets used to determine the SFA amount? With the exception of account statements and financial statements already provided as Checklist Items #8 and #9, is all information contained in a single document that is uploaded using the required filenaming convention?	Yes No	N/A		N/A	This information was provided previously as part of other applications.	Financial Assistance Application	FMV Cert Plan Name
36.	Section E, Item (7)	Does the application include a copy of the executed plan amendment required by § 4262.6(e)(1) of PBGC's SFA regulation which (i) is signed by authorized trustee(s) of the plan and (ii) includes the plan compliance language in Section E, Item (7) of the SFA Filing Instructions?	Yes No	N/A		N/A	This information was provided previously as part of other applications.	Pension plan documents, all versions available, and all amendments signed and dated	Compliance Amend Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:

Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)

EIN:

25-1046087

PN:

001

SFA Amount Requested:

\$120,742,941.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

-----Filers provide responses here for each Checklist Item:-----

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
37.	Section E, Item (8)	In the case of a plan that suspended benefits under section 305(e)(9) or section 4245 of ERISA, does the application include: (i) a copy of the proposed plan amendment(s) required by § 4262.6(c)(2) to reinstate suspended benefits and pay make-up payments? (ii) a certification by the plan sponsor that the proposed plan amendment(s) will be timely adopted? Is the certification signed by either all members of the plan's board of trustees or by one or more trustees duly authorized to sign the certification on behalf of the entire board (including, if applicable, documentation that substantiates the authorization of the signing trustees)? Enter N/A if the plan has not suspended benefits. Is all information included in a single document that is uploaded using the required filenaming convention?	Yes No N/A	N/A		N/A		Pension plan documents, all versions available, and all amendments signed and dated	Reinstatement Amend Plan Name
38.	Section E, Item (9)	In the case of a plan that was partitioned under section 4233 of ERISA, does the application include a copy of the executed plan amendment required by § 4262.9(c)(2)? Enter N/A if the plan was not partitioned. Is the document uploaded using the required filenaming convention?	Yes No N/A	N/A		N/A		Pension plan documents, all versions available, and all amendments signed and dated	Partition Amend Plan Name
39.	Section E, Item (10)	Does the application include one or more copies of the penalties of perjury statement (see Section E, Item (10) of the SFA Filing Instructions) that (a) are signed by an authorized trustee who is a current member of the board of trustees, and (b) includes the trustee's printed name and title. Is all such information included in a single document and uploaded using the required filenaming convention?	Yes No	Yes	Penalty_SWPA_4th_submission.pdf	N/A		Financial Assistance Application	Penalty Plan Name
Additional Information for Certain Events under § 4262.4(f) - Applicable to Any Events in § 4262.4(f)(2) through (f)(4) and Any Mergers in § 4262.4(f)(1)(ii)									
NOTE: If the plan is not required to provided information described in Addendum A of the SFA Filing Instructions, the Plan Response should be left blank for the remaining Checklist Items.									
40.a.	Addendum A for Certain Events Section C, Item (4)	Does the application include an additional version of Checklist Item #16.a. (also including Checklist Items #16.c., #16.d., and #16.e.), that shows the determination of the SFA amount using the basic method described in § 4262.4(a)(1) as if any events had not occurred? See Template 4A.	Yes No			N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	For additional submission due to any event: Template 4A Plan Name CE . For an additional submission due to a merger, Template 4A Plan Name Merged , where "Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)
EIN:	25-1046087
PN:	001
SFA Amount Requested:	\$120,742,941.00

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
40.b.i.	Addendum A for Certain Events Section C, Item (4)	If the plan is a MPRA plan for which the requested amount of SFA is based on the <u>increasing assets method</u> described in § 4262.4(a)(2)(i), does the application also include an additional version of Checklist Item #16.b.i. that shows the determination of the SFA amount using the <u>increasing assets method</u> as if any events had not occurred? See Template 4A, sheet <i>4A-5 SFA Details .5(a)(2)(i)</i> . Enter N/A if the plan is not a MPRA Plan or if the plan is a MPRA plan for which the requested amount of SFA is based on the present value method.	Yes No N/A		N/A - included as part of file in Checklist Item #40.a.	N/A		N/A	N/A - included as part of file in Checklist Item #40.a.
40.b.ii.	Addendum A for Certain Events Section C, Item (4)	If the plan is a MPRA plan for which the requested amount of SFA is based on the <u>increasing assets method</u> described in § 4262.4(a)(2)(i), does the application also include an additional version of Checklist Item #16.b.ii. that explicitly identifies the projected SFA exhaustion year based on the <u>increasing assets method</u> ? See Template 4A, <i>4A-5 SFA Details .4(a)(2)(i)</i> sheet and Addendum D. Enter N/A if the plan is not a MPRA Plan or if the plan is a MPRA plan for which the requested amount of SFA is based on the present value method.	Yes No N/A			N/A		N/A	N/A - included as part of file in Checklist Item #40.a.
40.b.iii.	Addendum A for Certain Events Section C, Item (4)	If the plan is a MPRA plan for which the requested amount of SFA is based on the <u>present value method</u> described in § 4262.4(a)(2)(ii), does the application also include an additional version of Checklist Item #16.b.iii. that shows the determination of the SFA amount using the <u>present value method</u> as if any events had not occurred? See Template 4B, sheet <i>4B-1 SFA Ben Pmts</i> , sheet <i>4B-2 SFA Details .4(a)(2)(ii)</i> , and sheet <i>4B-3 SFA Exhaustion</i> . Enter N/A if the plan is not a MPRA Plan or if the plan is a MPRA plan for which the requested amount of SFA is based on the increasing assets method.	Yes No N/A			N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	For additional submission due to any event: <i>Template 4B Plan Name CE</i> . For an additional submission due to a merger, <i>Template 4B Plan Name Merged</i> , where "Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.
41.	Addendum A for Certain Events Section C, Item (4)	For any merger, does the application show the SFA determination for this plan <u>and for each plan merged into this plan</u> (each of these determined as if they were still separate plans)? See Template 4A for a non-MPRA plan using the basic method, and for a MPRA plan using the increasing assets method. See Template 4B for a MPRA Plan using the present value method. Enter N/A if the plan has not experienced a merger.	Yes No N/A			N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	For an additional submission due to a merger, <i>Template 4A (or Template 4B) Plan Name Merged</i> , where "Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:

Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)

EIN:

25-1046087

PN:

001

SFA Amount Requested:

\$120,742,941.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

-----Filers provide responses here for each Checklist Item:-----

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
42.a.	Addendum A for Certain Events Section D	Does the application include a narrative description of any event and any merger, including relevant supporting documents which may include plan amendments, collective bargaining agreements, actuarial certifications related to a transfer or merger, or other relevant materials?	Yes No		N/A - included as part of SFA App Plan Name		For each Checklist Item #42.a. through #45.b., identify the relevant page number(s) within the single document.	Financial Assistance Application	SFA App Plan Name
42.b.	Addendum A for Certain Events Section D	For a transfer or merger event, does the application include identifying information for all plans involved including plan name, EIN and plan number, and the date of the transfer or merger?	Yes No		N/A - included as part of SFA App Plan Name			Financial Assistance Application	N/A - included as part of SFA App Plan Name
43.a.	Addendum A for Certain Events Section D	Does the narrative description in the application identify the amount of SFA reflecting any event, the amount of SFA determined as if the event had not occurred, and confirmation that the requested SFA is no greater than the amount that would have been determined if the event had not occurred, unless the event is a contribution rate reduction and such event lessens the risk of loss to plan participants and beneficiaries?	Yes No		N/A - included as part of SFA App Plan Name			Financial Assistance Application	N/A - included as part of SFA App Plan Name
43.b.	Addendum A for Certain Events Section D	For a merger, is the determination of SFA as if the event had not occurred equal to the sum of the amount that would be determined for this plan and each plan merged into this plan (each as if they were still separate plans)? Enter N/A if the event described in Checklist Item #42.a. was not a merger.	Yes No N/A		N/A - included as part of SFA App Plan Name			Financial Assistance Application	N/A - included as part of SFA App Plan Name
44.a.	Addendum A for Certain Events Section D	Does the application include an additional version of Checklist Item #25 that shows the determination of SFA eligibility as if any events had not occurred?	Yes No		N/A - included as part of SFA App Plan Name			Financial Assistance Application	N/A - included as part of SFA App Plan Name
44.b.	Addendum A for Certain Events Section D	For any merger, does this item include demonstrations of SFA eligibility for this plan and for each plan merged into this plan (each of these determined as if they were still separate plans)? Enter N/A if the event described in Checklist Item #42.a. was not a merger.	Yes No N/A		N/A - included as part of SFA App Plan Name			Financial Assistance Application	N/A - included as part of SFA App Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:

Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)

EIN:

25-1046087

PN:

001

SFA Amount Requested:

\$120,742,941.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

-----Filers provide responses here for each Checklist Item:-----

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
45.a.	Addendum A for Certain Events Section D	If the event is a contribution rate reduction and the amount of requested SFA is not limited to the amount of SFA determined as if the event had not occurred, does the application include a detailed demonstration that shows that the event lessens the risk of loss to plan participants and beneficiaries? Enter N/A if the event is not a contribution rate reduction, or if the event is a contribution rate reduction but the requested SFA is limited to the amount of SFA determined as if the event had not occurred.	Yes No N/A		N/A - included as part of SFA App Plan Name			Financial Assistance Application	N/A - included as part of SFA App Plan Name
45.b.	Addendum A for Certain Events Section D	Does the demonstration in Checklist Item #45.a. also identify all assumptions used, supporting rationale for the assumptions and other relevant information? Enter N/A if the plan entered N/A for Checklist Item #45.a.	Yes No N/A		N/A - included as part of SFA App Plan Name			Financial Assistance Application	N/A - included as part of SFA App Plan Name
46.a.	Addendum A for Certain Events Section E, Items (2) and (3)	Does the application include an additional certification from the plan's enrolled actuary with respect to the plan's SFA eligibility but with eligibility determined as if any events had not occurred? This should be in the format of Checklist Item #31 if the SFA eligibility is based on the plan status of critical and declining using a zone certification completed on or after January 1, 2021. This should be in the format of Checklist Items #32.a. and #32.b. if the SFA eligibility is based on the plan status of critical using a zone certification completed on or after January 1, 2021. If the above SFA eligibility is not based on § 4262.3(a)(1) or § 4262.3(a)(3) or is based on a zone certification completed prior to January 1, 2021, enter N/A. Is all relevant information contained in a single document and uploaded using the required filenaming convention?	Yes No N/A			N/A		Financial Assistance Application	SFA Elig Cert Plan Name CE
46.b.	Addendum A for Certain Events Section E, Items (2) and (3)	For any merger, does the application include additional certifications of the SFA eligibility for this plan and for each plan merged into this plan (each of these determined as if they were still separate plans)? If the above SFA eligibility is not based on § 4262.3(a)(1) or § 4262.3(a)(3) or is based on a zone certification completed prior to January 1, 2021, enter N/A. Enter N/A if the event described in Checklist Item #42.a. was not a merger.	Yes No N/A			N/A		Financial Assistance Application	SFA Elig Cert Plan Name Merged CE "Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)
EIN:	25-1046087
PN:	001
SFA Amount Requested:	\$120,742,941.00

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
47.a.	Addendum A for Certain Events Section E, Item (5)	Does the application include an additional certification from the plan's enrolled actuary with respect to the plan's SFA amount (in the format of Checklist Item #34.a.), but with the SFA amount determined as if any events had not occurred?	Yes No			N/A		Financial Assistance Application	SFA Amount Cert Plan Name CE
47.b.	Addendum A for Certain Events Section E, Item (5)	If the plan is a MPRA plan, does the certification in Checklist Item #46.a. identify the amount of SFA determined under the basic method described in § 4262.4(a)(1) and the amount determined under the increasing assets method in § 4262.4(a)(2)(i)? If the amount of SFA determined under the “present value method” described in § 4262.4(a)(2)(ii) is not the greatest amount of SFA under § 4262.4(a)(2), does the certification state as such? If the amount of SFA determined under the “present value method” described in § 4262.4(a)(2)(ii) is the greatest amount of SFA under § 4262.4(a)(2), does the certification identify that amount? Enter N/A if the plan is not a MPRA plan.	Yes No N/A		N/A - included in SFA Amount Cert Plan Name CE	N/A		N/A - included in SFA Amount Cert Plan Name	N/A - included in SFA Amount Cert Plan Name CE
47.c.	Addendum A for Certain Events Section E, Item (5)	Does the certification in Checklist Items #47.a. and #47.b. (if applicable) clearly identify all assumptions and methods used, sources of participant data and census data, and other relevant information?	Yes No		N/A - included in SFA Amount Cert Plan Name CE	N/A		N/A - included in SFA Amount Cert Plan Name	N/A - included in SFA Amount Cert Plan Name CE
48.a.	Addendum A for Certain Events Section E, Item (5)	For any merger, does the application include additional certifications of the SFA amount determined for this plan and for each plan merged into this plan (each of these determined as if they were still separate plans) ? Enter N/A if the event described in Checklist Item #42.a. was not a merger.	Yes No N/A			N/A		Financial Assistance Application	<i>SFA Amount Cert Plan Name Merged CE</i> "Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.
48.b.	Addendum A for Certain Events Section E, Item (5)	For any merger, do the certifications clearly identify all assumptions and methods used, sources of participant data and census data, and other relevant information? Enter N/A if the event described in Checklist Item #42.a. was not a merger.	Yes No N/A		N/A - included in SFA Amount Cert Plan Name CE	N/A		N/A - included in SFA Amount Cert Plan Name CE	N/A - included in SFA Amount Cert Plan Name CE

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:

Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)

EIN:

25-1046087

PN:

001

SFA Amount Requested:

\$120,742,941.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

-----Filers provide responses here for each Checklist Item:-----

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
49.a.	Addendum A for Certain Events Section E	If the event is a contribution rate reduction and the amount of requested SFA is not limited to the amount of SFA determined as if the event had not occurred, does the application include a certification from the plan's enrolled actuary (or, if appropriate, from the plan sponsor) with respect to the demonstration to support a finding that the event lessens the risk of loss to plan participants and beneficiaries? Enter N/A if the event is not a contribution rate reduction, or if the event is a contribution rate reduction but the requested SFA is limited to the amount of SFA determined as if the event had not occurred.	Yes No N/A			N/A		Financial Assistance Application	Cont Rate Cert Plan Name CE
49.b.	Addendum A for Certain Events Section E	Does the demonstration in Checklist Item #48.a. also identify all assumptions used, supporting rationale for the assumptions and other relevant information? Enter N/A if the event is not a contribution rate reduction, or if the event is a contribution rate reduction but the requested SFA is limited to the amount of SFA determined as if the event had not occurred.	Yes No N/A		N/A - included in Cont Rate Cert Plan Name CE	N/A		N/A - included in Cont Rate Cert Plan Name CE	N/A - included in Cont Rate Cert Plan Name CE

Additional Information for Certain Events under § 4262.4(f) - Applicable Only to Any Mergers in § 4262.4(f)(1)(ii)

Plans that have experienced mergers identified in § 4262.4(f)(1)(ii) must complete Checklist Items #50 through #63. If you are required to complete Checklist Items #50 through #63, your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #50 through #63. All other plans should not provide any responses for Checklist Items #50 through #63.

50.	Addendum A for Certain Events Section B, Item (1)a.	In addition to the information provided with Checklist Item #1, does the application also include similar plan documents and amendments for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No			N/A		Pension plan documents, all versions available, and all amendments signed and dated	N/A
51.	Addendum A for Certain Events Section B, Item (1)b.	In addition to the information provided with Checklist Item #2, does the application also include similar trust agreements and amendments for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No			N/A		Pension plan documents, all versions available, and all amendments signed and dated	N/A
52.	Addendum A for Certain Events Section B, Item (1)c.	In addition to the information provided with Checklist Item #3, does the application also include the most recent IRS determination for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)? Enter N/A if the plan does not have a determination letter.	Yes No N/A			N/A		Pension plan documents, all versions available, and all amendments signed and dated	N/A

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)
EIN:	25-1046087
PN:	001
SFA Amount Requested:	\$120,742,941.00

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
53.	Addendum A for Certain Events Section B, Item (2)	In addition to the information provided with Checklist Item #4, for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii), does the application include the actuarial valuation report for the 2018 plan year and each subsequent actuarial valuation report completed before the application filing date?	Yes No			N/A	Identify here how many reports are provided.	Most recent actuarial valuation for the plan	YYYYAVR Plan Name Merged , where "Plan Name Merged" is abbreviated version of the plan name for the plan merged into this plan.
54.	Addendum A for Certain Events Section B, Item (3)	In addition to the information provided with Checklist Items #5.a. and #5.b., does the application include similar rehabilitation plan information for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No			N/A		Rehabilitation plan (or funding improvement plan, if applicable)	N/A
55.	Addendum A for Certain Events Section B, Item (4)	In addition to the information provided with Checklist Item #6, does the application include similar Form 5500 information for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No			N/A		Latest annual return/report of employee benefit plan (Form 5500)	YYYYForm5500 Plan Name Merged , "Plan Name Merged" is abbreviated version of the plan name for the plan merged into this plan.
56.	Addendum A for Certain Events Section B, Item (5)	In addition to the information provided with Checklist Items #7.a., #7.b., and #7.c., does the application include similar certifications of plan status for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No			N/A	Identify how many zone certifications are provided.	Zone certification	YYYYZoneYYYYMMDD Plan Name Merged, where the first "YYYY" is the applicable plan year, and "YYYYMMDD" is the date the certification was prepared. "Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.
57.	Addendum A for Certain Events Section B, Item (6)	In addition to the information provided with Checklist Item #8, does the application include the most recent cash and investment account statements for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No			N/A		Bank/Asset statements for all cash and investment accounts	N/A
58.	Addendum A for Certain Events Section B, Item (7)	In addition to the information provided with Checklist Item #9, does the application include the most recent plan financial statement (audited, or unaudited if audited is not available) for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No			N/A		Plan's most recent financial statement (audited, or unaudited if audited not available)	N/A
59.	Addendum A for Certain Events Section B, Item (8)	In addition to the information provided with Checklist Item #10, does the application include all of the written policies and procedures governing the plan's determination, assessment, collection, settlement, and payment of withdrawal liability for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)? Are all such items included in a single document using the required filenaming convention?	Yes No			N/A		Pension plan documents, all versions available, and all amendments signed and dated	WDL Plan Name Merged , where "Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.

APPLICATION CHECKLIST

Plan name:

Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund (SWPA)

EIN:

25-1046087

PN:

001

SFA Amount Requested:

\$120,742,941.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
60.	Addendum A for Certain Events Section B, Item (9)	In addition to the information provided with Checklist Item #11, does the application include documentation of a death audit (with the information described in Checklist Item #11) for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No					Pension plan documents, all versions available, and all amendments signed and dated	Death Audit Plan Name Merged , where "Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.
61.	Addendum A for Certain Events Section C, Item (1)	In addition to the information provided with Checklist Item #13, does the application include the same information in the format of Template 1 for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)? Enter N/A if each plan that fully merged into this plan is not required to respond Yes to line 8b(1) on the most recently filed Form 5500 Schedule MB.	Yes No N/A					Financial assistance spreadsheet (template)	Template 1 Plan Name Merged , where "Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.
62.	Addendum A for Certain Events Section C, Item (2)	In addition to the information provided with Checklist Item #14, does the application include the same information in the format of Template 2 (if required based on the participant threshold) for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)? Enter N/A if each plan that merged into this plan has less than 10,000 participants on line 6f of the most recently filed Form 5500.	Yes No N/A					Contributing employers	Template 2 Plan Name Merged , where "Plan Name Merged" is an abbreviated version of the plan name fore the plan merged into this plan.
63.	Addendum A for Certain Events Section C, Item (3)	In addition to the information provided with Checklist Item #15, does the application include similar information in the format of Template 3 for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)?	Yes No					Historical Plan Financial Information (CBUs, contribution rates, contribution amounts, withdrawal liability payments)	Template 3 Plan Name Merged , where "Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.

TEMPLATE 4A

v20221102p

SFA Determination - under the "basic method" for all plans, and under the "increasing assets method" for MPRA plans

File name: *Template 4A Plan Name*, where "Plan Name" is an abbreviated version of the plan name.

If submitting additional information due to a merger under § 4262.4(f)(1)(ii): *Template 4A Plan Name Merged*, where "Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.

If submitting additional information due to certain events with limitations under § 4262.4(f)(1)(i): *Template 4A Plan Name Add*, where "Plan Name" is an abbreviated version of the plan name.

If submitting a supplemented application under § 4262.4(g)(6): *Template 4A Supp Plan Name*, where "Plan Name" is an abbreviated version of the plan name.

Instructions for Section C, Item (4) of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance:

IFR filers submitting a supplemented application should see Addendum C for more information.

MPRA plans using the "increasing assets method" should see Addendum D for more information.

For all plans, provide information used to determine the amount of SFA under the "basic method" described in § 4262.4(a)(1).

For MPRA plans, also provide information used to determine the amount of SFA under the "increasing assets method" described in § 4262.4(a)(2)(i).

The information to be provided is:

NOTE: All items below are provided on Sheet '4A-4 SFA Details .4(a)(1)' unless otherwise indicated.

- a. The amount of SFA calculated using the "basic method", determined as a lump sum as of the SFA measurement date.
- b. Non-SFA interest rate required under § 4262.4(e)(1) of PBGC's SFA regulation, including supporting details on how it was determined.
[Sheet: 4A-1 Interest Rates]
- c. SFA interest rate required under § 4262.4(e)(2) of PBGC's SFA regulation, including supporting details on how it was determined.
[Sheet: 4A-1 Interest Rates]
- d. Fair market value of assets as of the SFA measurement date. This amount should include any assets at the SFA measurement date attributable to financial assistance received by the plan under section 4261 of ERISA, but should not reflect a payable for amounts owed to PBGC for all amounts of such financial assistance received by the plan.

e. For each plan year in the period beginning on the SFA measurement date and ending on the last day of the last plan year ending in 2051 (the "SFA coverage period"):

- i. Separately identify the projected amount of contributions, projected withdrawal liability payments reflecting a reasonable allowance for amounts considered uncollectible, and other payments expected to be made to the plan (excluding the amount of financial assistance under section 4261 of ERISA and SFA to be received by the plan).
- ii. Identify the benefit payments described in § 4262.4(b)(1) (including any benefits that were restored under 26 CFR 1.432(e)(9)-(1)(e)(3) and excluding the payments in e.iii. below), separately for current retirees and beneficiaries, current terminated vested participants not yet in pay status, current active participants, and new entrants.

[Sheet: 4A-2 SFA Ben Pmts]

Identify total benefit payments paid and expected to be paid from projected SFA assets separately from total benefit payments paid and expected to be paid from non-SFA assets after the projected SFA assets are fully exhausted.

- iii. Separately identify the make-up payments described in § 4262.4(b)(1) attributable to the reinstatement of benefits under § 4262.15 that were previously suspended through the SFA measurement date.

[Also see applicable examples in Section C, Item (4)e.iii. of the SFA instructions.]

- iv. Separately identify administrative expenses paid and expected to be paid (excluding the amount owed PBGC under section 4261 of ERISA) for premiums to PBGC and for all other administrative expenses.

[Sheet: 4A-3 SFA Pcount and Admin Exp]

Identify total administrative expenses paid and expected to be paid from projected SFA assets separately from total administrative expenses paid and expected to be paid from non-SFA assets after the projected SFA assets are fully exhausted.

- v. Provide the projected total participant count at the beginning of each year.

[Sheet: 4A-3 SFA Pcount and Admin Exp]

- vi. Provide the projected investment income earned by assets not attributable to SFA based on the non-SFA interest rate in b. above and the projected fair market value of non-SFA assets at the end of each plan year.

- vii. Provide the projected investment income earned by assets attributable to SFA based on the SFA interest rate in c. above (excluding investment returns for the plan year in which the sum of annual projected benefit payments and administrative expenses for the year exceeds the beginning-of-year projected SFA assets) and the projected fair market value of SFA assets at the end of each plan year.

f. The projected SFA exhaustion year. This is the first day of the plan year in which the sum of annual projected benefit payments and administrative expenses for the year exceeds the beginning-of-year projected SFA assets. Note this date is only required for the calculation method under which the requested amount of SFA is determined.

Additional instructions for each individual worksheet:

Sheet

4A-1 SFA Determination - non-SFA Interest Rate and SFA Interest Rate

See instructions on 4A-1 Interest Rates.

4A-2 SFA Determination - Benefit Payments for the "basic method" for all plans, and for the "increasing assets method" for MRPA plans

This sheet is not required for an IFR filer submitting a supplemented application under § 4262.4(g)(6) if the total projected benefit payments are the same as those used in the application approved under the interim final rule.

On this sheet, you will provide:

- Basic plan information (plan name, EIN/PN, SFA measurement date), and
- Year-by-year deterministic projection of benefit payments.

For each plan year in the period beginning on the SFA measurement date and ending on the last day of the last plan year ending in 2051 (the "SFA coverage period"), identify benefit payments described in § 4262.4(b)(1) for current retirees and beneficiaries, current terminated vested participants not yet in pay status, currently active participants, and new entrants. Projected benefit payments should be entered based on current participant status as of the SFA census date. On this Sheet 4A-2, show all benefit payments as positive amounts.

If the plan has suspended benefit payments under sections 305(e)(9) or 4245(a) of ERISA, the benefit payments in this Sheet 4A-2 projection should reflect prospective reinstatement of benefits assuming such reinstatements commence as of the SFA measurement date. If the plan restored or partially restored benefits under 26 CFR 1.432(e)(9)-1(e)(3) before the SFA measurement date, the benefit payments in this Sheet 4A-2 should reflect fully restored prospective benefits.

Make-up payments to be paid to restore previously suspended benefits should not be included in this Sheet 4A-2, and are separately shown in Sheet 4A-4.

Except for the first row in the projection exhibit, each row must include the full plan year of the indicated information up to the plan year ending in 2051. The first row in the projection period is for the period beginning on the SFA measurement date and ending on the last day of the plan year containing the SFA measurement date, so the first row may contain less than a full plan year of information. For all other periods, provide the full plan year of information up to the plan year ending in 2051.

4A-3 SFA Determination - Participant Count and Administrative Expenses for the "basic method" for all plans, and for the "increasing assets method" for MPRA plans

This sheet is not required for an IFR filer submitting a supplemented application under § 4262.4(g)(6).

On this sheet, you will provide:

- Basic plan information (plan name, EIN/PN, SFA measurement date), and
- Year-by-year deterministic projection of participant count and administrative expenses.

For each plan year in the period beginning on the SFA measurement date and ending on the last day of the last plan year ending in 2051 (the "SFA coverage period"), identify the projected total participant count at the beginning of each year, as well as administrative expenses, separately for premiums to PBGC and for all other administrative expenses. On this Sheet 4A-3, show all administrative expenses as positive amounts. Total expenses should match the amounts shown on 4A-4 and 4A-5.

Any amounts owed to PBGC for financial assistance under section 4261 of ERISA should not be included in this Sheet 4A-3.

Except for the first row in the projection exhibit, each row must include the full plan year of the indicated information up to the plan year ending in 2051. The first row in the projection period is for the period beginning on the SFA measurement date and ending on the last day of the plan year containing the SFA measurement date, so the first row may contain less than a full plan year of information. For all other periods, provide the full plan year of information up to the plan year ending in 2051.

4A-4 SFA Determination - Details for the "basic method" under § 4262.4(a)(1) for all plans

On this sheet, you will provide:

- Basic plan information (plan name, EIN/PN, SFA measurement date, non-SFA interest rate, SFA interest rate),
- MPRA plan status and, if applicable, certain MPRA information,
- Fair Market Value of Assets as of the SFA measurement date,
- SFA Amount as of the SFA measurement date calculated under the "basic method",
- Projected SFA exhaustion year (only if the requested amount of SFA is determined under the "basic method"), and
- Year-by-year deterministic projection.

For each plan year in the period beginning on the SFA measurement date and ending on the last day of the last plan year ending in 2051 (the "SFA coverage period"), provide each of the items requested in Columns (1) through (12). Show payments INTO the plan as positive amounts and payments OUT of the plan as negative amounts.

If the plan has suspended benefit payments under sections 305(e)(9) or 4245(a) of ERISA, Column (5) should show the make-up payments to be paid to restore the previously suspended benefits. These amounts should be determined as if such make-up payments are paid beginning as of the SFA measurement date. If the plan sponsor elects to pay these amounts as a lump sum, then the lump sum amount is assumed paid as of the SFA measurement date. If the plan sponsor elects to pay equal installments over 60 months, the first monthly payment is assumed paid on the first regular payment date on or after the SFA measurement date. See the examples in the SFA Instructions. If the make-up payments are paid over 60 months, each row in the projection should reflect the monthly payments for that period. The prospective reinstatement of suspended benefits is included in Column (4); Column (5) is only for make-up payments for past benefits that were suspended.

Except for the first row in the projection exhibit, each row must include the full plan year of the indicated information up to the plan year ending in 2051. The first row in the projection period is for the period beginning on the SFA measurement date and ending on the last day of the plan year containing the SFA measurement date, so the first row may contain less than a full plan year of information. For all other periods, provide the full plan year of information up to the plan year ending in 2051.

4A-5 SFA Determination - Details for the "increasing assets method" under § 4262.4(a)(2)(i) for MPRA plans

This sheet is to only be used by MPRA plans. For such plans, this sheet should be completed in addition to Sheet 4A-4.

On this sheet, you will provide:

- Basic plan information (plan name, EIN/PN, SFA measurement date, non-SFA interest rate, SFA interest rate),
- MPRA plan status, and if applicable, certain MPRA information,
- Fair Market Value of Assets as of the SFA measurement date,
- SFA Amount as of the SFA measurement date calculated under the "increasing assets method",
- Projected SFA exhaustion year (only if the requested amount of SFA is determined under the "increasing assets method"), and
- Year-by-year deterministic projection.

This sheet is identical to Sheet 4A-4, and the information in Columns (1) through (6) should be the same as that used in the "basic method" calculation in Sheet 4A-4. The SFA Amount as of the SFA Measurement Date will differ from that calculated in Sheet 4A-4, as it will be calculated in accordance with § 4262.4(a)(2)(i) as the lowest whole dollar amount (not less than \$0) for which, as of the last day of each plan year during the SFA coverage period, projected SFA assets and projected non-SFA assets are both greater than or equal to zero, and, as of the last day of the SFA coverage period, the sum of projected SFA assets and projected non-SFA assets is greater than the amount of such sum as of the last day of the immediately preceding plan year.

Version Updates (newest version at top)

Version	Date updated	
v20221102p	11/02/2022	Added clarifying instructions for 4A-2 and 4A-3
v20220802p	08/02/2022	Cosmetic changes to increase the size of some rows
v20220701p	07/01/2022	

TEMPLATE 4A - Sheet 4A-1

v20221102p

SFA Determination - non-SFA Interest Rate and SFA Interest Rate

Provide the non-SFA interest rate and SFA interest rate used, including supporting details on how they were determined.

PLAN INFORMATION

Abbreviated Plan Name:	Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund
EIN:	25-1046087
PN:	001
Initial Application Date:	03/10/2023
SFA Measurement Date:	12/31/2022
Last day of first plan year ending after the measurement date:	06/30/2023

For a plan other than a plan described in § 4262.4(g) (i.e., for a plan that has not filed an initial application under PBGC's interim final rule), the last day of the third calendar month immediately preceding the plan's initial application date.
For a plan described in § 4262.4(g) (i.e., for a plan that filed an initial application prior to publication of the final rule), the last day of the calendar quarter immediately preceding the plan's initial application date.

Non-SFA Interest Rate Used:	5.85%
SFA Interest Rate Used:	3.77%

Rate used in projection of non-SFA assets.

Rate used in projection of SFA assets.

Development of non-SFA interest rate and SFA interest rate:

Plan Interest Rate:	7.50%
---------------------	-------

Interest rate used for the funding standard account projections in the plan's most recently completed certification of plan status before 1/1/2021.

Corresponding ERISA Section 303(h)(2)(C)(i), (ii), and (iii) rates
disregarding modifications made under clause (iv) of such section.

	Month Year	(i)	(ii)	(iii)
Month in which plan's initial application is filed, and corresponding segment rates (leave (i), (ii), and (iii) blank if the IRS Notice for this month has not yet been issued):	March 2023			
1 month preceding month in which plan's initial application is filed, and corresponding segment rates:	February 2023	2.31%	3.72%	4.00%
2 months preceding month in which plan's initial application is filed, and corresponding segment rates:	January 2023	2.13%	3.62%	3.93%
3 months preceding month in which plan's initial application is filed, and corresponding segment rates:	December 2022	1.95%	3.50%	3.85%

24-month average segment rates without regard to interest rate stabilization rules. These rates are issued by IRS each month. For example, the applicable segment rates for August 2021 are 1.13%, 2.70%, and 3.38%. Those rates were issued in [IRS Notice 21-50](#) on August 16, 2021 (see page 2 of notice under the heading "24-Month Average Segment Rates Without 25-Year Average Adjustment").

They are also available on IRS' [Funding Yield Curve Segment Rate Tables](#) web page (See Funding Table 3 under the heading "24-Month Average Segment Rates Not Adjusted").

Non-SFA Interest Rate Limit (lowest 3rd segment rate plus 200 basis points):	5.85%
--	-------

This amount is calculated based on the other information entered above.

Non-SFA Interest Rate Calculation (lesser of Plan Interest Rate and Non-SFA Interest Rate Limit):	5.85%
Non-SFA Interest Rate Match Check:	Match

This amount is calculated based on the other information entered above.

If the non-SFA Interest Rate Calculation is not equal to the non-SFA Interest Rate Used, provide explanation below.

SFA Interest Rate Limit (lowest average of the 3 segment rates plus 67 basis points):	3.77%
---	-------

This amount is calculated based on the other information entered.

SFA Interest Rate Calculation (lesser of Plan Interest Rate and SFA Interest Rate Limit):	3.77%
SFA Interest Rate Match Check:	Match

This amount is calculated based on the other information entered above.

If the SFA Interest Rate Calculation is not equal to the SFA Interest Rate Used, provide explanation below.

TEMPLATE 4A - Sheet 4A-2

v20221102p

SFA Determination - Benefit Payments for the "basic method" for all plans, and for the "increasing assets method" for MRPA plans

See Template 4A Instructions for Additional Instructions for Sheet 4A-2.

PLAN INFORMATION

Abbreviated Plan Name:	Southwestern Pennsylvania & Western Maryland Area Teamsters & Employers Pension Fund
EIN:	25-1046087
PN:	001
SFA Measurement Date:	12/31/2022

On this Sheet, show all benefit payment amounts as positive amounts.

PROJECTED BENEFIT PAYMENTS for:

SFA Measurement Date / Plan Year Start Date	Plan Year End Date	Current Retirees and Beneficiaries in Pay Status	Current Terminated Vested Participants	Current Active Participants	New Entrants	Total
12/31/2022	06/30/2023	\$8,312,201	\$441,315	\$181,462	\$0	\$8,934,978
07/01/2023	06/30/2024	\$16,197,977	\$1,012,302	\$699,458	\$45	\$17,909,782
07/01/2024	06/30/2025	\$15,747,182	\$1,353,712	\$1,019,343	\$1,853	\$18,122,090
07/01/2025	06/30/2026	\$15,265,545	\$1,723,350	\$1,347,838	\$5,488	\$18,342,221
07/01/2026	06/30/2027	\$14,752,745	\$2,098,394	\$1,679,602	\$11,111	\$18,541,852
07/01/2027	06/30/2028	\$14,224,265	\$2,368,224	\$2,029,119	\$18,996	\$18,640,604
07/01/2028	06/30/2029	\$13,707,691	\$2,631,177	\$2,393,586	\$31,948	\$18,764,402
07/01/2029	06/30/2030	\$13,178,747	\$2,895,485	\$2,749,714	\$46,868	\$18,870,814
07/01/2030	06/30/2031	\$12,616,188	\$3,074,042	\$3,122,111	\$63,107	\$18,875,448
07/01/2031	06/30/2032	\$12,012,223	\$3,178,633	\$3,443,722	\$79,479	\$18,714,057
07/01/2032	06/30/2033	\$11,380,811	\$3,302,808	\$3,710,927	\$95,724	\$18,490,270
07/01/2033	06/30/2034	\$10,786,956	\$3,404,009	\$3,950,613	\$112,341	\$18,253,919
07/01/2034	06/30/2035	\$10,187,206	\$3,509,944	\$4,132,394	\$131,053	\$17,960,597
07/01/2035	06/30/2036	\$9,581,992	\$3,564,174	\$4,278,425	\$152,637	\$17,577,228
07/01/2036	06/30/2037	\$8,975,436	\$3,646,919	\$4,407,163	\$177,302	\$17,206,820
07/01/2037	06/30/2038	\$8,370,467	\$3,691,526	\$4,492,653	\$205,129	\$16,759,775
07/01/2038	06/30/2039	\$7,761,421	\$3,710,261	\$4,543,601	\$239,257	\$16,254,540
07/01/2039	06/30/2040	\$7,177,071	\$3,697,521	\$4,552,693	\$275,671	\$15,702,956
07/01/2040	06/30/2041	\$6,603,303	\$3,660,194	\$4,563,340	\$313,362	\$15,140,199
07/01/2041	06/30/2042	\$6,042,829	\$3,630,585	\$4,556,181	\$350,764	\$14,580,359
07/01/2042	06/30/2043	\$5,498,385	\$3,568,727	\$4,574,387	\$387,379	\$14,028,878
07/01/2043	06/30/2044	\$4,972,663	\$3,522,988	\$4,587,495	\$423,698	\$13,506,844
07/01/2044	06/30/2045	\$4,468,278	\$3,499,205	\$4,583,301	\$462,487	\$13,013,271
07/01/2045	06/30/2046	\$3,987,737	\$3,416,427	\$4,563,287	\$505,371	\$12,472,822
07/01/2046	06/30/2047	\$3,533,353	\$3,311,589	\$4,520,045	\$554,713	\$11,919,700
07/01/2047	06/30/2048	\$3,108,583	\$3,178,274	\$4,462,832	\$610,060	\$11,359,749
07/01/2048	06/30/2049	\$2,713,788	\$3,050,656	\$4,389,876	\$675,507	\$10,829,827
07/01/2049	06/30/2050	\$2,348,778	\$2,914,942	\$4,299,292	\$746,120	\$10,309,132
07/01/2050	06/30/2051	\$2,015,924	\$2,771,203	\$4,197,640	\$819,983	\$9,804,750
						\$450,887,884

TEMPLATE 4A - Sheet 4A-3

v20221102p

SFA Determination - Participant Count and Administrative Expenses for the "basic method" for all plans, and for the "increasing assets method" for MPRA plans

See Template 4A Instructions for Additional Instructions for Sheet 4A-3.

PLAN INFORMATION

Abbreviated Plan Name:	SWPA	
EIN:	25-1046087	
PN:	001	
SFA Measurement Date:	12/31/2022	

On this Sheet, show all administrative expense amounts as positive amounts.

PROJECTED ADMINISTRATIVE EXPENSES for:

SFA Measurement Date / Plan Year Start Date	Plan Year End Date	Total Participant Count at Beginning of Plan Year	PROJECTED ADMINISTRATIVE EXPENSES for:		
			PBGC Premiums	Other	Total
12/31/2022	06/30/2023	2748	\$88,288	\$340,169	\$428,457
07/01/2023	06/30/2024	2677	\$94,920	\$693,084	\$788,004
07/01/2024	06/30/2025	2614	\$94,235	\$615,525	\$709,760
07/01/2025	06/30/2026	2548	\$94,607	\$593,239	\$687,846
07/01/2026	06/30/2027	2481	\$94,873	\$606,231	\$701,104
07/01/2027	06/30/2028	2411	\$94,969	\$619,507	\$714,476
07/01/2028	06/30/2029	2342	\$95,015	\$633,075	\$728,090
07/01/2029	06/30/2030	2273	\$94,989	\$646,939	\$741,928
07/01/2030	06/30/2031	2210	\$95,118	\$661,107	\$756,225
07/01/2031	06/30/2032	2140	\$111,280	\$675,586	\$786,866
07/01/2032	06/30/2033	2070	\$110,869	\$690,381	\$801,250
07/01/2033	06/30/2034	2004	\$110,561	\$705,500	\$816,061
07/01/2034	06/30/2035	1940	\$110,250	\$720,950	\$831,200
07/01/2035	06/30/2036	1874	\$109,685	\$736,739	\$846,424
07/01/2036	06/30/2037	1810	\$109,125	\$752,874	\$861,999
07/01/2037	06/30/2038	1744	\$108,302	\$769,361	\$877,663
07/01/2038	06/30/2039	1678	\$107,325	\$786,210	\$893,535
07/01/2039	06/30/2040	1615	\$106,396	\$803,428	\$909,824
07/01/2040	06/30/2041	1550	\$105,183	\$821,023	\$926,206
07/01/2041	06/30/2042	1488	\$104,011	\$839,003	\$943,014
07/01/2042	06/30/2043	1425	\$102,600	\$857,377	\$959,977
07/01/2043	06/30/2044	1363	\$101,080	\$876,154	\$977,234
07/01/2044	06/30/2045	1302	\$99,447	\$895,342	\$994,789
07/01/2045	06/30/2046	1241	\$97,629	\$914,950	\$1,012,579
07/01/2046	06/30/2047	1180	\$95,615	\$934,987	\$1,030,602
07/01/2047	06/30/2048	1123	\$93,726	\$955,463	\$1,049,189
07/01/2048	06/30/2049	1065	\$91,547	\$976,388	\$1,067,935
07/01/2049	06/30/2050	1008	\$89,248	\$997,771	\$1,087,019
07/01/2050	06/30/2051	955	\$87,096	\$1,019,622	\$1,106,718

TEMPLATE 4A - Sheet 4A-4

v20221102p

SFA Determination - Details for the "basic method" under § 4262.4(a)(1) for all plans

See Template 4A Instructions for Additional Instructions for Sheet 4A-4.

PLAN INFORMATION

Abbreviated Plan Name:	SWPA
EIN:	25-1046087
PN:	001
MPRA Plan?	No
If a MPRA Plan, which method yields the greatest amount of SFA?	
SFA Measurement Date:	12/31/2022
Fair Market Value of Assets as of the SFA Measurement Date:	\$27,232,945
SFA Amount as of the SFA Measurement Date under the method calculated in this Sheet:	\$120,742,941
Projected SFA exhaustion year:	2029
Non-SFA Interest Rate:	5.85%
SFA Interest Rate:	3.77%

Meets the definition of a MPRA plan described in § 4262.4(a)(3)?

MPRA increasing assets method described in § 4262.4(a)(2)(i).
MPRA present value method described in § 4262.4(a)(2)(ii).

Per § 4262.4(a)(1), the lowest whole dollar amount (not less than \$0) for which, as of the last day of each plan year during the SFA coverage period, projected SFA assets and projected non-SFA assets are both greater than or equal to zero.

Only required on this sheet if the requested amount of SFA is based on the "basic method".
Plan Year Start Date of the plan year in which the sum of annual projected benefit payments and administrative expenses for the year exceeds the beginning-of-year projected SFA assets.

\$0

On this Sheet, show payments INTO the plan as positive amounts, and payments OUT of the plan as negative amounts.

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
						Make-up Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA; should match total from Sheet 4A-3)	Benefit Payments (from (4) and (5)) and Administrative Expenses (from (6)) Paid from SFA Assets	SFA Investment Income Based on SFA Interest Rate	Projected SFA Assets at End of Plan Year (prior year assets + (7) + (8))	Benefit Payments (from (4) and (5)) and Administrative Expenses (from (6)) Paid from Non-SFA Assets	Non-SFA Investment Income Based on Non- SFA Interest Rate	Projected Non-SFA Assets at End of Plan Year (prior year assets + (1) + (2) + (3) + (10) + (11))
SFA Measurement Date / Plan Year Start Date	Plan Year End Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments (should match total from Sheet 4A-2)								
12/31/2022	06/30/2023	\$4,380,940	\$354,443		-\$8,934,978		-\$428,457	-\$9,363,435	\$2,187,754	\$113,567,260	\$0	\$865,819	\$32,834,147
07/01/2023	06/30/2024	\$8,329,301	\$708,887		-\$17,909,782		-\$788,004	-\$18,697,786	\$3,929,032	\$98,798,506	\$0	\$2,185,165	\$44,057,500
07/01/2024	06/30/2025	\$8,186,390	\$708,887		-\$18,122,090		-\$709,760	-\$18,831,850	\$3,369,723	\$83,336,379	\$0	\$2,837,551	\$55,790,328
07/01/2025	06/30/2026	\$8,047,767	\$708,887		-\$18,342,221		-\$687,846	-\$19,030,067	\$2,783,065	\$67,089,377	\$0	\$3,519,866	\$68,066,848
07/01/2026	06/30/2027	\$7,913,302	\$708,887		-\$18,541,852		-\$701,104	-\$19,242,956	\$2,166,540	\$50,012,961	\$0	\$4,234,110	\$80,923,147
07/01/2027	06/30/2028	\$7,782,871	\$708,887		-\$18,640,604		-\$714,476	-\$19,355,080	\$1,520,645	\$32,178,526	\$0	\$4,982,388	\$94,397,293
07/01/2028	06/30/2029	\$7,656,353	\$708,887		-\$18,764,402		-\$728,090	-\$19,492,492	\$845,697	\$13,531,731	\$0	\$5,766,925	\$108,529,458
07/01/2029	06/30/2030	\$7,579,789	\$708,887		-\$18,870,814		-\$741,928	-\$13,531,731	\$0	\$0	-\$6,081,011	\$6,809,351	\$117,546,474
07/01/2030	06/30/2031	\$7,503,992	\$708,887		-\$18,875,448		-\$756,225	\$0	\$0	\$0	-\$19,631,673	\$6,542,469	\$112,670,149
07/01/2031	06/30/2032	\$7,428,951	\$708,887		-\$18,714,057		-\$786,866	\$0	\$0	\$0	-\$19,500,923	\$6,258,833	\$107,565,897
07/01/2032	06/30/2033	\$7,354,662	\$708,887		-\$18,490,270		-\$801,250	\$0	\$0	\$0	-\$19,291,520	\$5,964,187	\$102,302,113
07/01/2033	06/30/2034	\$7,281,115	\$423,119		-\$18,253,919		-\$816,061	\$0	\$0	\$0	-\$19,069,980	\$5,652,226	\$96,588,592
07/01/2034	06/30/2035	\$7,208,304	\$99,678		-\$17,960,597		-\$831,200	\$0	\$0	\$0	-\$18,791,797	\$5,314,531	\$90,419,308
07/01/2035	06/30/2036	\$7,136,221	\$99,678		-\$17,577,228		-\$846,424	\$0	\$0	\$0	-\$18,423,652	\$4,962,288	\$84,193,843
07/01/2036	06/30/2037	\$7,064,858	\$99,678		-\$17,206,820		-\$861,999	\$0	\$0	\$0	-\$18,068,819	\$4,606,390	\$77,895,950
07/01/2037	06/30/2038	\$6,994,210	\$99,678		-\$16,759,775		-\$877,663	\$0	\$0	\$0	-\$17,637,438	\$4,248,514	\$71,600,913
07/01/2038	06/30/2039	\$6,924,268	\$99,678		-\$16,254,540		-\$893,535	\$0	\$0	\$0	-\$17,148,075	\$3,892,523	\$65,369,307
07/01/2039	06/30/2040	\$6,855,025	\$99,678		-\$15,702,956		-\$909,824	\$0	\$0	\$0	-\$16,612,780	\$3,541,606	\$59,252,836
07/01/2040	06/30/2041	\$6,786,475	\$91,350		-\$15,140,199		-\$926,206	\$0	\$0	\$0	-\$16,066,405	\$3,197,525	\$53,261,781
07/01/2041	06/30/2042	\$6,718,610	\$79,691		-\$14,580,359		-\$943,014	\$0	\$0	\$0	-\$15,523,373	\$2,860,606	\$47,397,314
07/01/2042	06/30/2043	\$6,651,424	\$0		-\$14,028,878		-\$959,977	\$0	\$0	\$0	-\$14,988,855	\$2,528,873	\$41,588,756
07/01/2043	06/30/2044	\$6,584,910	\$0		-\$13,506,844		-\$977,234	\$0	\$0	\$0	-\$14,484,078	\$2,201,892	\$35,891,480
07/01/2044	06/30/2045	\$6,519,061	\$0		-\$13,013,271		-\$994,789	\$0	\$0	\$0	-\$14,008,060	\$1,880,598	\$30,283,079
07/01/2045	06/30/2046	\$6,453,870	\$0		-\$12,472,822		-\$1,012,579	\$0	\$0	\$0	-\$13,485,401	\$1,565,888	\$24,817,436
07/01/2046	06/30/2047	\$6,389,331	\$0		-\$11,919,700		-\$1,030,602	\$0	\$0	\$0	-\$12,950,302	\$1,259,912	\$19,516,377
07/01/2047	06/30/2048	\$6,325,438	\$0		-\$11,359,749		-\$1,049,189	\$0	\$0	\$0	-\$12,408,938	\$963,766	\$14,396,643
07/01/2048	06/30/2049	\$6,262,184	\$0		-\$10,829,827		-\$1,067,935	\$0	\$0	\$0	-\$11,897,762	\$677,363	\$9,438,428
07/01/2049	06/30/2050	\$6,199,562	\$0		-\$10,309,132		-\$1,087,019	\$0	\$0	\$0	-\$11,396,151	\$400,148	\$4,641,987
07/01/2050	06/30/2051	\$6,137,566	\$0		-\$9,804,750		-\$1,106,718	\$0	\$0	\$0	-\$10,911,468	\$131,920	\$0

TEMPLATE 6A

v20220802p

Reconciliation - for non-MPRA plans using the "basic method", or for MPRA plans for which the requested amount of SFA is determined under the "increasing assets method"

File name: *Template 6A Plan Name*, where "Plan Name" is an abbreviated version of the plan name.

Instructions for Section C, Item (6) of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance:

This Template 6A is not required if all assumptions and methods used to determine the requested SFA amount are identical to those used in the most recent actuarial certification of plan status completed before 1/1/2021 ("pre-2021 certification of plan status"), except the non-SFA and SFA interest rates, and except any assumptions changed in accordance with Section III, Acceptable Assumption Changes, in PBGC's SFA assumptions guidance (other than the acceptable assumption change for "missing" terminated vested participants described in Section III.E of PBGC's SFA assumptions guidance).

This Template 6A is also not required if the requested SFA amount from Template 4A is the same as the SFA amount shown in Template 5A (Baseline).

If the assumptions/methods used to determine the requested SFA amount differ from those in the "Baseline" projection in Template 5A, then provide a reconciliation of the change in the total amount of SFA due to each change in assumption/method from the Baseline to the requested SFA as shown in Template 4A.

For each assumption/method change from the Baseline through the requested SFA amount, provide a deterministic projection using the same calculation methodology used to determine the requested SFA amount, in the same format as Template 4A (either Sheet 4A-4 or Sheet 4A-5).

Additional instructions for each individual worksheet:

Sheet

6A-1 Reconciliation - Summary for the "basic method", or for MPRA plans for which the requested amount of SFA is determined under the "increasing assets method"

For Item number 1, show the SFA amount determined in Template 5A using the "Baseline" assumptions and methods. If there is only one change in assumptions/methods between the Baseline (Template 5A) and the requested SFA amount (Template 4A), then show on Item number 2 the requested SFA amount, and briefly identify the change in assumptions from the Baseline.

If there is more than one change in assumptions/methods from the Baseline, show each individual change as a separate Item number. Each Item number should reflect all changes already measured in the prior Item number. For example, the difference between the SFA amount shown for Item number 4 and Item number 5 should be the incremental change due to changing the identified single assumption/method. The Item numbers should show assumption/method changes in the order that they were incrementally measured.

6A-2 Reconciliation - Details for the "basic method" under § 4262.4(a)(1) for non-MPRA plans, or for the "increasing assets method" under § 4262.4(a)(2)(i) for MPRA plans for which the requested amount of SFA is determined under that method

For non-MPRA plans, see Template 4A instructions for Sheet 4A-4, except provide the projection used to determine the intermediate Item number 2 SFA amount from Sheet 6A-1 under the "basic method" described in § 4262.4(a)(1). Unlike Sheet 4A-4, it is not necessary to explicitly identify the projected SFA exhaustion year in Sheet 6A-2.

For MPRA plans for which the requested amount of SFA is determined under the "increasing assets method", see Template 4A instructions for Sheet 4A-5, except provide the projection used to determine each intermediate SFA amount from Sheet 6A-1 under the "increasing assets method" described in § 4262.4(a)(2)(i). Unlike Sheet 4A-5, it is not necessary to explicitly identify the projected SFA exhaustion year in Sheet 6A-2.

A Reconciliation Details sheet is not needed for the last Item number shown in the Sheet 6A-1 Reconciliation, since the information should be the same as shown in Template 4A. For example, if there is only one assumption change from the Baseline, then Item number 2 should identify what assumption changed between the Baseline and Item number 2, where Item number 2 is the requested SFA amount. Since details on the determination of the requested SFA amount are shown in Template 4A, a separate Sheet 6A-2 Reconciliation Details is not required here.

6A-3 Reconciliation - Details for the "basic method" under § 4262.4(a)(1) for non-MPRA plans, or for the "increasing assets method" under § 4262.4(a)(2)(i) for MPRA plans for which the requested amount of SFA is determined under that method

See instructions for 6A-2 Reconciliation Details, except for the intermediate Item number 3 SFA amount from Sheet 6A-1.

6A-4 Reconciliation - Details for the "basic method" under § 4262.4(a)(1) for non-MPRA plans, or for the "increasing assets method" under § 4262.4(a)(2)(i) for MPRA plans for which the requested amount of SFA is determined under that method

See instructions for 6A-2 Reconciliation Details, except for the intermediate Item number 4 SFA amount from Sheet 6A-1.

6A-5 Reconciliation - Details for the "basic method" under § 4262.4(a)(1) for non-MPRA plans, or for the "increasing assets method" under § 4262.4(a)(2)(i) for MPRA plans for which the requested amount of SFA is determined under that method

See instructions for 6A-2 Reconciliation Details, except for the intermediate Item number 5 SFA amount from Sheet 6A-1.

Version Updates (newest version at top)

Version	Date updated	
v20220802p	08/02/2022	Cosmetic changes to increase the size of some rows
v20220701p	07/01/2022	

TEMPLATE 6A - Sheet 6A-1

v20220802p

Reconciliation - Summary for the "basic method", or for MPRA plans for which the requested amount of SFA is determined under the "increasing assets method"

See Template 6A Instructions for Additional Instructions for Sheet 6A-1.

PLAN INFORMATION

Abbreviated Plan Name:	SWPA	
EIN:	25-1046087	
PN:	001	
MPRA Plan?	No	
If a MPRA Plan, which method yields the greatest amount of SFA?		

Item number	Basis for Assumptions/Methods. For each Item, briefly describe the incremental change reflected in the SFA amount.	Change in SFA Amount (from prior Item number)	SFA Amount
1	Baseline	N/A	\$122,913,946
2	Beneficiary Timing	(\$20,651)	\$122,893,295
3	Administrative Expenses	\$2,810,101	\$125,703,396
4	CBU Assumption	(\$4,856,669)	\$120,846,727
5	Withdrawal Decrement	(\$103,786)	\$120,742,941

NOTE: A sheet with Recon Details is not required for the last Item number provided, since that information should be the same as provided in Template 4A.

From Template 5A.

Show details supporting the SFA amount on Sheet 6A-2.

Show details supporting the SFA amount on Sheet 6A-3.

Show details supporting the SFA amount on Sheet 6A-4.

Show details supporting the SFA amount on Sheet 6A-5.

Create additional rows as needed, and create additional detailed sheets by copying Sheet 6A-5 and re-labeling the header and the sheet name to be 6A-6, 6A-7, etc.

TEMPLATE 6A - Sheet 6A-2

Reconciliation - Details for the "basic method" under § 4262.4(a)(1) for non-MPRA plans, or for the "increasing assets method" under § 4262.4(a)(2)(i) for MPRA plans for which the requested amount of SFA is determined under that method

See Template 4A instructions for Sheet 4A-4 or Sheet 4A-5, except provide the projection used to determine the intermediate SFA amount.

PLAN INFORMATION

Abbreviated Plan Name:	SWPA
EIN:	25-1046087
PN:	001
MPRA Plan?	No
If a MPRA Plan, which method yields the greatest amount of SFA?	
SFA Measurement Date:	12/31/2022
Fair Market Value of Assets as of the SFA Measurement Date:	\$27,232,945
SFA Amount as of the SFA Measurement Date under the method calculated in this Sheet:	\$122,893,295
Non-SFA Interest Rate:	5.85%
SFA Interest Rate:	3.77%

\$0

On this Sheet, show payments INTO the plan as positive amounts, and payments OUT of the plan as negative amounts.													
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
						Make-up Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	Benefit Payments (from (4) and (5)) and Administrative Expenses (from (6)) Paid from SFA Assets	SFA Investment Income Based on SFA Interest Rate	Projected SFA Assets at End of Plan Year (prior year assets + (7) + (8))	Benefit Payments (from (4) and (5)) and Administrative Expenses (from (6)) Paid from Non-SFA Assets	Non-SFA Investment Income Based on Non- SFA Interest Rate	Projected Non-SFA Assets at End of Plan Year (prior year assets + (1) + (2) + (3) + (10) + (11))
SFA Measurement Date / Plan Year Start Date	Plan Year End Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments								
12/31/2022	06/30/2023	\$4,012,970	\$354,443		-\$8,934,978		-\$428,457	-\$9,363,435	\$2,228,288	\$115,758,148	\$0	\$860,437	\$32,460,795
07/01/2023	06/30/2024	\$7,927,720	\$708,887		-\$17,909,790		-\$776,258	-\$18,686,048	\$4,011,850	\$101,083,950	\$0	\$2,151,577	\$43,248,979
07/01/2024	06/30/2025	\$7,831,464	\$708,887		-\$18,122,276		-\$683,353	-\$18,805,629	\$3,456,379	\$85,734,700	\$0	\$2,779,871	\$54,569,201
07/01/2025	06/30/2026	\$7,737,132	\$708,887		-\$18,342,828		-\$646,183	-\$18,989,011	\$2,874,255	\$69,619,944	\$0	\$3,439,344	\$66,454,564
07/01/2026	06/30/2027	\$7,644,688	\$708,887		-\$18,543,169		-\$643,943	-\$19,187,112	\$2,262,995	\$52,695,827	\$0	\$4,131,934	\$78,940,073
07/01/2027	06/30/2028	\$7,554,092	\$708,887		-\$18,642,935		-\$641,598	-\$19,284,533	\$1,623,119	\$35,034,413	\$0	\$4,859,686	\$92,062,738
07/01/2028	06/30/2029	\$7,465,309	\$708,887		-\$18,768,656		-\$639,253	-\$19,407,909	\$954,958	\$16,581,462	\$0	\$5,624,765	\$105,861,699
07/01/2029	06/30/2030	\$7,378,301	\$708,887		-\$18,877,250		-\$636,943	-\$16,581,462	\$0	\$0	-\$2,932,731	\$6,828,685	\$117,844,841
07/01/2030	06/30/2031	\$7,293,033	\$708,887		-\$18,884,021		-\$634,668	\$0	\$0	\$0	-\$19,518,689	\$6,557,058	\$112,885,130
07/01/2031	06/30/2032	\$7,209,470	\$708,887		-\$18,725,496		-\$668,970	\$0	\$0	\$0	-\$19,394,466	\$6,268,104	\$107,677,125
07/01/2032	06/30/2033	\$7,127,579	\$708,887		-\$18,504,565		-\$665,226	\$0	\$0	\$0	-\$19,169,791	\$5,967,612	\$102,311,412
07/01/2033	06/30/2034	\$7,047,326	\$423,119		-\$18,271,128		-\$661,690	\$0	\$0	\$0	-\$18,932,818	\$5,649,943	\$96,498,981
07/01/2034	06/30/2035	\$6,968,677	\$99,678		-\$17,980,440		-\$658,206	\$0	\$0	\$0	-\$18,638,646	\$5,306,759	\$90,235,449
07/01/2035	06/30/2036	\$6,891,602	\$99,678		-\$17,600,140		-\$654,722	\$0	\$0	\$0	-\$18,254,862	\$4,949,314	\$83,921,181
07/01/2036	06/30/2037	\$6,816,068	\$99,678		-\$17,232,053		-\$651,238	\$0	\$0	\$0	-\$17,883,291	\$4,588,588	\$77,542,224
07/01/2037	06/30/2038	\$6,742,045	\$99,678		-\$16,786,535		-\$647,754	\$0	\$0	\$0	-\$17,434,289	\$4,226,388	\$71,176,045
07/01/2038	06/30/2039	\$6,669,502	\$99,678		-\$16,284,548		-\$644,270	\$0	\$0	\$0	-\$16,928,818	\$3,866,629	\$64,883,036
07/01/2039	06/30/2040	\$6,598,410	\$99,678		-\$15,736,457		-\$640,890	\$0	\$0	\$0	-\$16,377,347	\$3,512,539	\$58,716,316
07/01/2040	06/30/2041	\$6,528,740	\$91,350		-\$15,178,020		-\$637,406	\$0	\$0	\$0	-\$15,815,426	\$3,165,941	\$52,686,921
07/01/2041	06/30/2042	\$6,460,464	\$79,691		-\$14,622,764		-\$634,130	\$0	\$0	\$0	-\$15,256,894	\$2,827,220	\$46,797,401
07/01/2042	06/30/2043	\$6,393,552	\$0		-\$14,075,620		-\$630,802	\$0	\$0	\$0	-\$14,706,422	\$2,494,497	\$40,979,028
07/01/2043	06/30/2044	\$6,327,980	\$0		-\$13,558,469		-\$627,474	\$0	\$0	\$0	-\$14,185,943	\$2,167,428	\$35,288,493
07/01/2044	06/30/2045	\$6,263,718	\$0		-\$13,071,441		-\$624,250	\$0	\$0	\$0	-\$13,695,691	\$1,846,992	\$29,703,512
07/01/2045	06/30/2046	\$6,200,742	\$0		-\$12,539,706		-\$621,026	\$0	\$0	\$0	-\$13,160,732	\$1,534,076	\$24,277,598
07/01/2046	06/30/2047	\$6,139,025	\$0		-\$11,993,769		-\$617,802	\$0	\$0	\$0	-\$12,611,571	\$1,230,918	\$19,035,970
07/01/2047	06/30/2048	\$6,078,543	\$0		-\$11,440,400		-\$614,734	\$0	\$0	\$0	-\$12,055,134	\$938,789	\$13,998,168
07/01/2048	06/30/2049	\$6,019,270	\$0		-\$10,917,922		-\$611,666	\$0	\$0	\$0	-\$11,529,588	\$657,716	\$9,145,566
07/01/2049	06/30/2050	\$5,961,183	\$0		-\$10,404,320		-\$608,650	\$0	\$0	\$0	-\$11,012,970	\$387,251	\$4,481,030
07/01/2050	06/30/2051	\$5,904,257	\$0		-\$9,906,791		-\$605,842	\$0	\$0	\$0	-\$10,512,633	\$127,345	\$0

TEMPLATE 6A - Sheet 6A-3

Reconciliation - Details for the "basic method" under § 4262.4(a)(1) for non-MPRA plans, or for the "increasing assets method" under § 4262.4(a)(2)(i) for MPRA plans for which the requested amount of SFA is determined under that method

See Template 4A instructions for Sheet 4A-4 or Sheet 4A-5, except provide the projection used to determine the intermediate SFA amount.

PLAN INFORMATION

Abbreviated Plan Name:	SWPA
EIN:	25-1046087
PN:	001
MPRA Plan?	No
If a MPRA Plan, which method yields the greatest amount of SFA?	
SFA Measurement Date:	12/31/2022
Fair Market Value of Assets as of the SFA Measurement Date:	\$27,232,945
SFA Amount as of the SFA Measurement Date under the method calculated in this Sheet:	\$125,703,396
Non-SFA Interest Rate:	5.85%
SFA Interest Rate:	3.77%

\$0

On this Sheet, show payments INTO the plan as positive amounts, and payments OUT of the plan as negative amounts.													
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
						Make-up Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	Benefit Payments (from (4) and (5)) and Administrative Expenses (from (6)) Paid from SFA Assets	SFA Investment Income Based on SFA Interest Rate	Projected SFA Assets at End of Plan Year (prior year assets + (7) + (8))	Benefit Payments (from (4) and (5)) and Administrative Expenses (from (6)) Paid from Non-SFA Assets	Non-SFA Investment Income Based on Non- SFA Interest Rate	Projected Non-SFA Assets at End of Plan Year (prior year assets + (1) + (2) + (3) + (10) + (11))
SFA Measurement Date / Plan Year Start Date	Plan Year End Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments								
12/31/2022	06/30/2023	\$4,012,970	\$354,443		-\$8,934,978		-\$428,457	-\$9,363,435	\$2,281,259	\$118,621,220	\$0	\$860,437	\$32,460,795
07/01/2023	06/30/2024	\$7,927,720	\$708,887		-\$17,909,790		-\$788,004	-\$18,697,794	\$4,119,567	\$104,042,993	\$0	\$2,151,577	\$43,248,979
07/01/2024	06/30/2025	\$7,831,464	\$708,887		-\$18,122,276		-\$710,048	-\$18,832,324	\$3,567,432	\$88,778,101	\$0	\$2,779,871	\$54,569,201
07/01/2025	06/30/2026	\$7,737,132	\$708,887		-\$18,342,828		-\$688,180	-\$19,031,008	\$2,988,200	\$72,735,293	\$0	\$3,439,344	\$66,454,564
07/01/2026	06/30/2027	\$7,644,688	\$708,887		-\$18,543,169		-\$701,449	-\$19,244,618	\$2,379,359	\$55,870,034	\$0	\$4,131,934	\$78,940,073
07/01/2027	06/30/2028	\$7,554,092	\$708,887		-\$18,642,935		-\$714,831	-\$19,357,766	\$1,741,406	\$38,253,674	\$0	\$4,859,686	\$92,062,738
07/01/2028	06/30/2029	\$7,465,309	\$708,887		-\$18,768,656		-\$728,455	-\$19,497,111	\$1,074,643	\$19,831,206	\$0	\$5,624,765	\$105,861,699
07/01/2029	06/30/2030	\$7,378,301	\$708,887		-\$18,877,250		-\$742,304	-\$19,619,554	\$377,808	\$589,460	\$0	\$6,429,460	\$120,378,347
07/01/2030	06/30/2031	\$7,293,033	\$708,887		-\$18,884,021		-\$756,613	-\$589,460	\$0	\$0	-\$19,051,174	\$6,736,184	\$116,065,277
07/01/2031	06/30/2032	\$7,209,470	\$708,887		-\$18,725,496		-\$787,334	\$0	\$0	\$0	-\$19,512,830	\$6,450,680	\$110,921,484
07/01/2032	06/30/2033	\$7,127,579	\$708,887		-\$18,504,565		-\$801,732	\$0	\$0	\$0	-\$19,306,297	\$6,153,414	\$105,605,067
07/01/2033	06/30/2034	\$7,047,326	\$423,119		-\$18,271,128		-\$816,557	\$0	\$0	\$0	-\$19,087,685	\$5,838,092	\$99,825,918
07/01/2034	06/30/2035	\$6,968,677	\$99,678		-\$17,980,440		-\$831,655	\$0	\$0	\$0	-\$18,812,095	\$5,496,312	\$93,578,490
07/01/2035	06/30/2036	\$6,891,602	\$99,678		-\$17,600,140		-\$846,951	\$0	\$0	\$0	-\$18,447,091	\$5,139,259	\$87,261,938
07/01/2036	06/30/2037	\$6,816,068	\$99,678		-\$17,232,053		-\$862,481	\$0	\$0	\$0	-\$18,094,534	\$4,777,844	\$80,860,994
07/01/2037	06/30/2038	\$6,742,045	\$99,678		-\$16,786,535		-\$878,160	\$0	\$0	\$0	-\$17,664,695	\$4,413,796	\$74,451,817
07/01/2038	06/30/2039	\$6,669,502	\$99,678		-\$16,284,548		-\$894,047	\$0	\$0	\$0	-\$17,178,595	\$4,050,956	\$68,093,358
07/01/2039	06/30/2040	\$6,598,410	\$99,678		-\$15,736,457		-\$910,351	\$0	\$0	\$0	-\$16,646,808	\$3,692,461	\$61,837,099
07/01/2040	06/30/2041	\$6,528,740	\$91,350		-\$15,178,020		-\$926,749	\$0	\$0	\$0	-\$16,104,769	\$3,340,043	\$55,692,463
07/01/2041	06/30/2042	\$6,460,464	\$79,691		-\$14,622,764		-\$943,573	\$0	\$0	\$0	-\$15,566,337	\$2,993,993	\$49,660,273
07/01/2042	06/30/2043	\$6,393,552	\$0		-\$14,075,620		-\$960,553	\$0	\$0	\$0	-\$15,036,173	\$2,652,329	\$43,669,981
07/01/2043	06/30/2044	\$6,327,980	\$0		-\$13,558,469		-\$977,827	\$0	\$0	\$0	-\$14,536,296	\$2,314,601	\$37,776,266
07/01/2044	06/30/2045	\$6,263,718	\$0		-\$13,071,441		-\$995,400	\$0	\$0	\$0	-\$14,066,841	\$1,981,670	\$31,954,813
07/01/2045	06/30/2046	\$6,200,742	\$0		-\$12,539,706		-\$1,013,209	\$0	\$0	\$0	-\$13,552,915	\$1,654,306	\$26,256,946
07/01/2046	06/30/2047	\$6,139,025	\$0		-\$11,993,769		-\$1,031,251	\$0	\$0	\$0	-\$13,025,020	\$1,334,616	\$20,705,567
07/01/2047	06/30/2048	\$6,078,543	\$0		-\$11,440,400		-\$1,049,773	\$0	\$0	\$0	-\$12,490,173	\$1,023,735	\$15,317,672
07/01/2048	06/30/2049	\$6,019,270	\$0		-\$10,917,922		-\$1,068,537	\$0	\$0	\$0	-\$11,986,459	\$721,544	\$10,072,027
07/01/2049	06/30/2050	\$5,961,183	\$0		-\$10,404,320		-\$1,087,639	\$0	\$0	\$0	-\$11,491,959	\$427,438	\$4,968,689
07/01/2050	06/30/2051	\$5,904,257	\$0		-\$9,906,791		-\$1,107,356	\$0	\$0	\$0	-\$11,014,147	\$141,202	\$0

TEMPLATE 6A - Sheet 6A-4

Reconciliation - Details for the "basic method" under § 4262.4(a)(1) for non-MPRA plans, or for the "increasing assets method" under § 4262.4(a)(2)(i) for MPRA plans for which the requested amount of SFA is determined under that method

See Template 4A instructions for Sheet 4A-4 or Sheet 4A-5, except provide the projection used to determine the intermediate SFA amount.

PLAN INFORMATION

Abbreviated Plan Name:	SWPA
EIN:	25-1046087
PN:	001
MPRA Plan?	No
If a MPRA Plan, which method yields the greatest amount of SFA?	
SFA Measurement Date:	12/31/2022
Fair Market Value of Assets as of the SFA Measurement Date:	\$27,232,945
SFA Amount as of the SFA Measurement Date under the method calculated in this Sheet:	\$120,846,727
Non-SFA Interest Rate:	5.85%
SFA Interest Rate:	3.77%

		On this Sheet, show payments INTO the plan as positive amounts, and payments OUT of the plan as negative amounts.											
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
				Other Payments to Plan (excluding financial assistance and SFA)	Make-up Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	Benefit Payments (from (4) and (5)) and Administrative Expenses (from (6)) Paid from SFA Assets	SFA Investment Income Based on SFA Interest Rate	Projected SFA Assets at End of Plan Year (prior year assets + (7) + (8))	Benefit Payments (from (4) and (5)) and Administrative Expenses (from (6)) Paid from Non-SFA Assets	Non-SFA Investment Income Based on Non- SFA Interest Rate	Projected Non-SFA Assets at End of Plan Year (prior year assets + (1) + (2) + (3) + (10) + (11))	
SFA Measurement Date / Plan Year Start Date	Plan Year End Date	Contributions	Withdrawal Liability Payments										
12/31/2022	06/30/2023	\$4,380,940	\$354,443		-\$8,934,978	-\$428,457	-\$9,363,435	\$2,189,710	\$113,673,002	\$0	\$865,819	\$32,834,147	
07/01/2023	06/30/2024	\$8,329,301	\$708,887		-\$17,909,785	-\$788,004	-\$18,697,789	\$3,933,019	\$98,908,232	\$0	\$2,185,165	\$44,057,500	
07/01/2024	06/30/2025	\$8,186,390	\$708,887		-\$18,122,106	-\$709,760	-\$18,831,866	\$3,373,860	\$83,450,226	\$0	\$2,837,551	\$55,790,328	
07/01/2025	06/30/2026	\$8,047,767	\$708,887		-\$18,342,271	-\$687,846	-\$19,030,117	\$2,787,356	\$67,207,465	\$0	\$3,519,866	\$68,066,848	
07/01/2026	06/30/2027	\$7,913,302	\$708,887		-\$18,541,950	-\$701,104	-\$19,243,054	\$2,170,990	\$50,135,401	\$0	\$4,234,110	\$80,923,147	
07/01/2027	06/30/2028	\$7,782,871	\$708,887		-\$18,640,715	-\$714,476	-\$19,355,191	\$1,525,259	\$32,305,469	\$0	\$4,982,388	\$94,397,293	
07/01/2028	06/30/2029	\$7,656,353	\$708,887		-\$18,764,811	-\$728,090	-\$19,492,901	\$850,475	\$13,663,043	\$0	\$5,766,925	\$108,529,458	
07/01/2029	06/30/2030	\$7,579,789	\$708,887		-\$18,871,331	-\$741,928	-\$13,663,043	\$0	\$0	-\$5,950,216	\$6,817,017	\$117,684,935	
07/01/2030	06/30/2031	\$7,503,992	\$708,887		-\$18,875,658	-\$756,225	\$0	\$0	\$0	\$6,550,563	\$112,816,494	\$0	
07/01/2031	06/30/2032	\$7,428,951	\$708,887		-\$18,714,718	-\$786,866	\$0	\$0	\$0	-\$19,501,584	\$6,267,375	\$107,720,123	
07/01/2032	06/30/2033	\$7,354,662	\$708,887		-\$18,491,584	-\$801,250	\$0	\$0	\$0	-\$19,292,834	\$5,973,171	\$102,464,009	
07/01/2033	06/30/2034	\$7,281,115	\$423,119		-\$18,256,253	-\$816,061	\$0	\$0	\$0	-\$19,072,314	\$5,661,628	\$96,757,556	
07/01/2034	06/30/2035	\$7,208,304	\$99,678		-\$17,963,775	-\$831,200	\$0	\$0	\$0	-\$18,794,975	\$5,324,322	\$90,594,885	
07/01/2035	06/30/2036	\$7,136,221	\$99,678		-\$17,581,812	-\$846,424	\$0	\$0	\$0	-\$18,428,236	\$4,972,425	\$84,374,973	
07/01/2036	06/30/2037	\$7,064,858	\$99,678		-\$17,212,053	-\$861,999	\$0	\$0	\$0	-\$18,074,052	\$4,616,833	\$78,082,290	
07/01/2037	06/30/2038	\$6,994,210	\$99,678		-\$16,765,087	-\$877,663	\$0	\$0	\$0	-\$17,642,750	\$4,259,260	\$71,792,687	
07/01/2038	06/30/2039	\$6,924,268	\$99,678		-\$16,261,329	-\$893,535	\$0	\$0	\$0	-\$17,154,864	\$3,903,543	\$65,565,312	
07/01/2039	06/30/2040	\$6,855,025	\$99,678		-\$15,711,342	-\$909,824	\$0	\$0	\$0	-\$16,621,166	\$3,552,827	\$59,451,676	
07/01/2040	06/30/2041	\$6,786,475	\$91,350		-\$15,151,046	-\$926,206	\$0	\$0	\$0	-\$16,077,252	\$3,208,840	\$53,461,089	
07/01/2041	06/30/2042	\$6,718,610	\$79,691		-\$14,594,345	-\$943,014	\$0	\$0	\$0	-\$15,537,359	\$2,871,856	\$47,593,886	
07/01/2042	06/30/2043	\$6,651,424	\$0		-\$14,046,240	-\$959,977	\$0	\$0	\$0	-\$15,006,217	\$2,539,865	\$41,778,958	
07/01/2043	06/30/2044	\$6,584,910	\$0		-\$13,528,614	-\$977,234	\$0	\$0	\$0	-\$14,505,848	\$2,212,382	\$36,070,402	
07/01/2044	06/30/2045	\$6,519,061	\$0		-\$13,040,151	-\$994,789	\$0	\$0	\$0	-\$14,034,940	\$1,890,279	\$30,444,802	
07/01/2045	06/30/2046	\$6,453,870	\$0		-\$12,503,631	-\$1,012,579	\$0	\$0	\$0	-\$13,516,210	\$1,574,447	\$24,956,909	
07/01/2046	06/30/2047	\$6,389,331	\$0		-\$11,950,632	-\$1,030,602	\$0	\$0	\$0	-\$12,981,234	\$1,267,166	\$19,632,172	
07/01/2047	06/30/2048	\$6,325,438	\$0		-\$11,390,669	-\$1,049,189	\$0	\$0	\$0	-\$12,439,858	\$969,635	\$14,487,387	
07/01/2048	06/30/2049	\$6,262,184	\$0		-\$10,861,485	-\$1,067,935	\$0	\$0	\$0	-\$11,929,420	\$681,745	\$9,501,896	
07/01/2049	06/30/2050	\$6,199,562	\$0		-\$10,341,764	-\$1,087,019	\$0	\$0	\$0	-\$11,428,783	\$402,906	\$4,675,581	
07/01/2050	06/30/2051	\$6,137,566	\$0		-\$9,839,302	-\$1,106,718	\$0	\$0	\$0	-\$10,946,020	\$132,872	\$0	

Reconciliation - Details for the "basic method" under § 4262.4(a)(1) for non-MPRA plans, or for the "increasing assets method" under § 4262.4(a)(2)(i) for MPRA plans for which the requested amount of SFA is determined under that method

v20220802p

PLAN INFORMATION

[illegible]

Version Updates

v20220701p

Version

Date updated

v20220701p

07/01/2022

TEMPLATE 7

v20220701p

7a - Assumption/Method Changes for SFA Eligibility

File name: *Template 7 Plan Name*, where "Plan Name" is an abbreviated version of the plan name.

Instructions for Section C, Item (7)a. of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance:

Sheet 7a of Template 7 is not required if the plan is eligible for SFA under § 4262.3(a)(2) (MPRA suspensions) or § 4262.3(a)(4) (certain insolvent plans) of PBGC's special financial assistance regulation.

Sheet 7a of Template 7 is not required if the plan is eligible based on a certification of plan status completed before January 1, 2021.

Sheet 7a of Template 7 is not required if the plan is eligible based on a certification of plan status completed after December 31, 2020 but reflects the same assumptions as those in the pre-2021 certification of plan status.

Provide a table identifying which assumptions/methods used in determining the plan's eligibility for SFA differ from those used in the pre-2021 certification of plan status and brief explanations as to why using those assumptions/methods is no longer reasonable and why the changed assumptions/methods are reasonable.

This table should identify all changed assumptions/methods (including those that are reflected in the Baseline provided in Template 5A or Template 5B) and should be an abbreviated version of information provided in Section D, Item (6)a. of the SFA filing instructions.

For example, if the mortality assumption used in the pre-2021 certification of plan status is the RP-2000 mortality table, and the plan proposes to change to the Pri-2012(BC) table, complete one line of the table as follows:

	(A)	(B)	(C)
Assumption/Method That Has Changed From Assumption/Method Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Brief description of assumption/method used in the most recent certification of plan status completed prior to 1/1/2021	Brief description of assumption/method used in showing the plan's eligibility for SFA (if different)	Brief explanation on why the assumption/method in (A) is no longer reasonable and why the assumption/method in (B) is reasonable
Base Mortality Assumption	RP-2000 mortality table	Pri-2012(BC) mortality table	Prior assumption is outdated. New assumption reflects more recently published experience for blue collar workers.

Add one line for each assumption/method that has changed from that used in the most recent certification of plan status completed prior to 1/1/2021.

Since this Template 7a is intended as an abbreviated version of more detailed information provided in Section D, Item (6)a. of the SFA filing instructions, it is not necessary to include full tables of rates at every age (e.g., for retirement, turnover, etc.). Instead, a high level description that focuses on what aspect of the assumption/method has changed is preferred.

Assumption/Method Changes - SFA Eligibility

v20220701p

PLAN INFORMATION

Abbreviated Plan Name:		
EIN:		
PN:		

Brief description of basis for qualifying for SFA (e.g., critical and declining status in 2020, insolvent plan, critical status and meet other criteria)	
--	--

[illegible]

TEMPLATE 7

v20220701p

7b - Assumption/Method Changes for SFA Amount

File name: *Template 7 Plan Name*, where "Plan Name" is an abbreviated version of the plan name.

Instructions for Section C, Item (7)b. of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance:

Provide a table identifying which assumptions/methods used in determining the amount of SFA differ from those used in the pre-2021 certification of plan status (except the non-SFA and SFA interest rates) and brief explanations as to why using those original assumptions/methods is no longer reasonable and why the changed assumptions/methods are reasonable.

Please state if the changed assumption is an extension of the CBU assumption or the administrative expenses assumption as described in Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions.

This table should identify all changed assumptions/methods except for the interest rates (including those that are reflected in the Baseline provided in Template 5A or Template 5B) and should be an abbreviated version of information provided in Section D, Item (6)b. of the SFA filing instructions.

For example, if the mortality assumption used in the pre-2021 certification of plan status is the RP-2000 mortality table, and the plan proposes to change to the Pri-2012(BC) table, complete one line of the table as follows:

	(A)	(B)	(C)
Assumption/Method That Has Changed From Assumption Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Brief description of assumption/method used in the most recent certification of plan status completed prior to 1/1/2021	Brief description of assumption/method used to determine the requested SFA amount (if different)	Brief explanation on why the assumption/method in (A) is no longer reasonable and why the assumption/method in (B) is reasonable
Base Mortality Assumption	RP-2000 mortality table	Pri-2012(BC) mortality table	Original assumption is outdated. New assumption reflects more recently published experience for blue collar workers.

For example, assume the plan is projected to be insolvent in 2029 in the pre-2021 certification of plan status. The plan changes its CBU assumption by extending the assumption to the later projection years as described in Paragraph A, "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions. Complete one line of the table as follows:

	(A)	(B)	(C)
Assumption/Method That Has Changed From Assumption Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Brief description of assumption/method used in the most recent certification of plan status completed prior to 1/1/2021	Brief description of assumption/method used to determine the requested SFA amount (if different)	Brief explanation on why the assumption/method in (A) is no longer reasonable and why the assumption/method in (B) is reasonable
CBU Assumption	Decrease from most recent plan year's actual number of CBUs by 2% per year to 2028	Same number of CBUs for each projection year to 2028 as shown in (A), then constant CBUs for all years after 2028.	Original assumption does not address years after original projected insolvency in 2029. Proposed assumption uses acceptable extension methodology.

Add one line for each assumption/method that has changed from that used in the most recent certification of plan status completed prior to 1/1/2021.

Since this Template 7b is intended as an abbreviated version of more detailed information provided in Section D, Item (6)b. of the SFA filing instructions, it is not necessary to include full tables of rates at every age (e.g., for retirement, turnover, etc.). Instead, a high level description that focuses on what aspect of the assumption/method has changed is preferred.

Template 7 - Sheet 7b

v20220701p

Assumption/Method Changes - SFA Amount
PLAN INFORMATION

Abbreviated Plan Name:	SWPA	
EIN:	25-1046087	
PN:	001	

	(A)	(B)	(C)
Assumption/Method That Has Changed From Assumption Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Brief description of assumption/method used in the most recent certification of plan status completed prior to 1/1/2021	Brief description of assumption/method used to determine the requested SFA amount (if different)	Brief explanation on why the assumption/method in (A) is no longer reasonable and why the assumption/method in (B) is reasonable
Base Mortality Table	RP-2014 Blue Collar Mortality adjusted to 2006 and projected generationally with Scale MP-2018	PRI-2012(BC) Mortality Table with MP-2021	Original assumption is outdated. New assumption reflects more recently published experience for blue collar workers.
CBU Assumption	No change for UPS employees; 2% annual decline for all others	For UPS employees, CBUs set at 5,400 for the year ended 6/30/2023, then at 5,000/year from 7/1/2023 through 6/30/2029 with an annual 1% decline thereafter. For all others, 3% annual decline through 6/30/2029 and 1% annual decline thereafter.	The UPS assumption is revised due to post-COVID experience and following discussions with PBGC, while the 10 year geometric average decline of other CBUs prior to the COVID exclusion was over 3%.
Administrative Expenses	No increase assumed	2.19% annual increases, with additional adjustments for known increases in PBGC premium rates.	Not reasonable to assume no increases in future expenses. Increases based on the most recent 10-year geometric average of administrative expense increases, net of PBGC premiums.
New Entrant Profile	Based on characteristics of prior year's new entrants	Based on the characteristics of the new entrants and rehires to the plan in the five plan years preceding the plan's SFA measurement date	Changed in accordance with PBGC guidance on Acceptable Assumption Changes
Beneficiary Timing	Beneficiaries of unmarried participants who died prior to July 1, 2017 were eligible for a monthly benefit payable on a ten-year certain basis. If the payments had not commenced as of a valuation date, the benefits were assumed to begin on the valuation date.	Beneficiary payments that have not commenced as of a valuation date are assumed to commence at the later of age 65 or the valuation date.	The original assumption overstated the liabilities for the affected beneficiaries.
Withdrawal Decrement	Please refer to Exhibits K and L sent via email to PBGC on 2/8/2024	No change to decrement for Non-UPS employees. For UPS employees, the withdrawal decrement for the year ended 6/30/2023 was increased to 250% of the T-3 Table, then set back to the T-3 table for all future years.	The UPS withdrawal decrement was adjusted to reflect the adjusted assumed decline in active membership for one year corresponding to the assumed CBU amounts.

Version Updates

v20220802p

Version

Date updated

v20220802p

08/02/2022 Cosmetic changes to increase the size of some rows

v20220701p

07/01/2022

TEMPLATE 8
Contribution and Withdrawal Liability Details

File name: *Template 8 Plan Name* , where "Plan Name" is an abbreviated version of the plan name.
 v20220802p

Provide details of the projected contributions and withdrawal liability payments used to calculate the requested SFA amount. This should include total contributions, contribution base units (including identification of the base unit used (i.e., hourly, weekly)), average contribution rate(s), reciprocity contributions (if applicable), additional contributions from the rehabilitation plan (if applicable), and any other identifiable contribution streams. For withdrawal liability, separately show amounts for currently withdrawn employers and for future assumed withdrawals. Also provide the projected number of active participants at the beginning of each plan year.

The first row in the projection period is for the period beginning on the SFA measurement date and ending on the last day of the plan year containing the SFA measurement date. For all other periods, provide the full plan year of information up to the plan year ending in 2051.

PLAN INFORMATION

Abbreviated Plan Name:	SWPA
EIN:	25-1046087
PN:	001

Unit (e.g. hourly, weekly)	Weekly
----------------------------	--------

		All Other Sources of Non-Investment Income									
SFA Measurement Date / Plan Year Start Date	Plan Year End Date	Total Contributions*	Total Contribution Base Units	Average Contribution Rate	Reciprocity Contributions (if applicable)	Additional Rehab Plan Contributions (if applicable)	Other - Explain if Applicable	Withdrawal Liability Payments for Currently Withdrawn Employers	Withdrawal Liability Payments for Projected Future Withdrawals	Projected Number of Active Participants (Including New Entrants) at the Beginning of the Plan Year	
12/31/2022	06/30/2023	\$4,380,940	11,768	\$372.28				\$354,443	\$0		456
07/01/2023	06/30/2024	\$8,329,301	22,591	\$368.70				\$708,887	\$0		437
07/01/2024	06/30/2025	\$8,186,390	22,063	\$371.05				\$708,887	\$0		428
07/01/2025	06/30/2026	\$8,047,767	21,552	\$373.41				\$708,887	\$0		416
07/01/2026	06/30/2027	\$7,913,302	21,055	\$375.84				\$708,887	\$0		407
07/01/2027	06/30/2028	\$7,782,871	20,573	\$378.31				\$708,887	\$0		398
07/01/2028	06/30/2029	\$7,656,353	20,106	\$380.80				\$708,887	\$0		389
07/01/2029	06/30/2030	\$7,579,789	19,905	\$380.80				\$708,887	\$0		380
07/01/2030	06/30/2031	\$7,503,992	19,706	\$380.80				\$708,887	\$0		377
07/01/2031	06/30/2032	\$7,428,951	19,509	\$380.80				\$708,887	\$0		373
07/01/2032	06/30/2033	\$7,354,662	19,314	\$380.79				\$708,887	\$0		369
07/01/2033	06/30/2034	\$7,281,115	19,121	\$380.79				\$423,119	\$0		365
07/01/2034	06/30/2035	\$7,208,304	18,930	\$380.79				\$99,678	\$0		362
07/01/2035	06/30/2036	\$7,136,221	18,740	\$380.80				\$99,678	\$0		357
07/01/2036	06/30/2037	\$7,064,858	18,553	\$380.79				\$99,678	\$0		355
07/01/2037	06/30/2038	\$6,994,210	18,367	\$380.80				\$99,678	\$0		351
07/01/2038	06/30/2039	\$6,924,268	18,184	\$380.79				\$99,678	\$0		347
07/01/2039	06/30/2040	\$6,855,025	18,002	\$380.79				\$99,678	\$0		344
07/01/2040	06/30/2041	\$6,786,475	17,822	\$380.79				\$91,350	\$0		340
07/01/2041	06/30/2042	\$6,718,610	17,644	\$380.79				\$79,691	\$0		337
07/01/2042	06/30/2043	\$6,651,424	17,467	\$380.80				\$0	\$0		333
07/01/2043	06/30/2044	\$6,584,910	17,292	\$380.81				\$0	\$0		330
07/01/2044	06/30/2045	\$6,519,061	17,120	\$380.79				\$0	\$0		327
07/01/2045	06/30/2046	\$6,453,870	16,948	\$380.80				\$0	\$0		323
07/01/2046	06/30/2047	\$6,389,331	16,779	\$380.79				\$0	\$0		320
07/01/2047	06/30/2048	\$6,325,438	16,611	\$380.80				\$0	\$0		317
07/01/2048	06/30/2049	\$6,262,184	16,445	\$380.80				\$0	\$0		314
07/01/2049	06/30/2050	\$6,199,562	16,281	\$380.79				\$0	\$0		311
07/01/2050	06/30/2051	\$6,137,566	16,118	\$380.79				\$0	\$0		308

* Total contributions shown here should be contributions based upon CBUs and should not include items separately shown in any columns under "All Other Sources of Non-Investment Income."
 Please note - columns D and E are based on composite figures as there are two distinct groups with different average contibution rates. This is explained in the Assumed Future Contribution and Change in CBU sections of the Section D narrative.

Version Updates

Version	Date updated
v20230727	07/27/2023

v20230727

TEMPLATE 10

v20230727

Pre-2021 Zone Certification, Baseline Details, and Final SFA Assumption Summaries

File name: *Template 10 Plan Name*, where "Plan Name" is an abbreviated version of the plan name.

Provide a table identifying and summarizing which assumptions/methods were used in each of the pre-2021 certification of plan status, the Baseline details (Template 5A or Template 5B), and the final SFA calculation (Template 4A or Template 4B).

This table should identify all assumptions/methods used, including those that are reflected in the Baseline provided in Template 5A or Template 5B and any assumptions not explicitly listed. Please identify the source (file and page number) of the pre-2021 certification of plan status assumption. Additionally, please select the appropriate assumption change category per SFA assumption guidance*. Please complete all rows of Template 10. If an assumption on Template 10 does not apply to the application, please enter "N/A" and explain as necessary in the "comments" column. If the application contains assumptions not listed on Template 10, create additional rows as needed.

See the table below for a brief example of how to fill out the requested information in summary form. In the example the first row demonstrates how one would fill out the information for a change in the mortality assumption used in the pre-2021 certification of plan status, where the RP-2000 mortality table was the original assumption, and the plan proposes to change to the Pri-2012(BC) table.

	(A)	(B)	(C)	(D)	(E)														
	Source of (B)	Assumption/Method Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Baseline Assumption/Method Used	Final SFA Assumption/Method Used	Category of assumption change from (B) to (D) per SFA Assumption Guidance														
Base Mortality - Healthy	2019 Company XYZ AVR.pdf p. 55	RP-2000 mortality table	Pri-2012(BC) mortality table	Same as baseline	Acceptable Change														
Contribution Base Units	2020 Company XYZ ZC.pdf p. 19	125,000 hours projected to insolvency in 2024	125,000 hours projected through the SFA projection period in 2051	100,000 hours projected with 3.0% reductions annually for 10 years and 1.0% reductions annually thereafter	Generally Acceptable Change														
Assumed Withdrawal Payments -Future Withdrawals	2020 Company XYZ ZC.pdf p. 20	None assumed until insolvency in 2024	None assumed through the SFA projection period in 2051	Same as baseline	Other Change														
Retirement - Actives	2019 Company XYZ AVR.pdf p. 54	<table><tr><th>Age</th><th>Actives</th></tr><tr><td>55</td><td>10%</td></tr><tr><td>56</td><td>20%</td></tr><tr><td>57</td><td>30%</td></tr><tr><td>58</td><td>40%</td></tr><tr><td>59</td><td>50%</td></tr><tr><td>60+</td><td>100%</td></tr></table>	Age	Actives	55	10%	56	20%	57	30%	58	40%	59	50%	60+	100%	Same as Pre-2021 Zone Cert	Same as baseline	No Change
Age	Actives																		
55	10%																		
56	20%																		
57	30%																		
58	40%																		
59	50%																		
60+	100%																		

Add additional lines if needed.

*<https://www.pbgc.gov/sites/default/files/sfa/sfa-assumptions-guidance.pdf>

Template 10
Pre-2021 Zone Certification, Baseline Details, and Final SFA Assumption Summaries

v20210727

PLAN INFORMATION					
Abbreviated Plan Name:	SWPA				
LEIN:	25-1040992				
PCN:	001				
	(A)	(B)	(C)	(D)	(E)
	Source of (B)	Assumption/Method Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Baseline Assumption/Method Used	Final SFA Assumption/Method Used	Category of assumption change from (B) to (D) per SFA Assumption Guidance
SFA Measurement Date	N/A	N/A	12/31/2022	Same as Baseline	N/A
Census Data as of	2019A1R SWPA.pdf	07/01/2019	07/01/2022	Same as Baseline	N/A
DEMOGRAPHIC ASSUMPTIONS					
Base Mortality - Healthy	2020Zone20200928 SWPA.pdf pg. 7	BC RP-2014 Adjusted to 2006 Mortality Table	Pw-2012BC's mortality table	Same as baseline	Acceptable Change
Mortality Improvement - Healthy	2020Zone20200928 SWPA.pdf pg. 7	Scale MP 2018	Scale MP 2021	Same as baseline	Acceptable Change
Base Mortality - Disabled	2020Zone20200928 SWPA.pdf pg. 7-8	BC RP-2014 Adjusted to 2006 Disabled Mortality Table	Pw-2012BC's disabled mortality table	Same as baseline	Acceptable Change
Mortality Improvement - Disabled	2020Zone20200928 SWPA.pdf pg. 7-8	Scale MP 2018	Scale MP 2021	Same as baseline	Acceptable Change
Retirement - Actives	Exhibit A and Exhibit B (email 2/8/2024)	See Exhibit A and Exhibit B via email on 2/8/2024	Same	Same	No Change
Retirement - TV's	Exhibit A and Exhibit B (email 2/8/2024)	Later of age 62 or attained age	Same	Same	No Change
Turnover	2019A1R SWPA.pdf pg. 42	See Exhibit K and Exhibit L via email on 2/8/2024	Same	No change to decrement for Non-UPS employees. For UPS employees, the withdrawal decrement for the year ended 6/30/2023 was increased to 250% of the T-3 Table, then set back to the T-3 table for all future years.	Other Change
Disability	2019A1R SWPA.pdf pg. 41	The 1985 Pensioners Disability Incidence Class 3 Table for males and females.	Same	Same	No Change
Optional Form Elections - Actives	2019A1R SWPA.pdf pg. 41	Single Life Annuity	Same	Same	No Change
Optional Form Elections - TV's	Not disclosed	Single Life Annuity	Same	Same	No Change
Marital Status	Not disclosed	80% married	Same	Same	No Change
Spouse Age Difference	2019A1R SWPA.pdf pg. 41	Make assumed to be 3 years older than females	Same	Same	No Change
Active Participant Count	2020Zone20200928 SWPA.pdf pg. 6	No change in CBUs for UPS employees, 2% annual decline for Non-UPS employees.	Same	For UPS employees, a 7.4% decline in the first year from 5,400 to 5,000 CBUs, then 0% from 7/1/2024 through 6/30/2029, and change to a 3% annual decline for Non-UPS employees through 6/30/2029, starting with 725,411 non-UPS CBUs for the plan year ending 6/30/2023, with a 1% annual decline for all employees starting 7/1/2029 and thereafter.	Other Change
New Entrant Profile	SWPA Checklist Section D narrative.pdf page 9	The new entrant profile reflects experience from the preceding plan year. It is assumed that each participant exiting the Plan is replaced by a new entrant.	See "New Entrant Profile" section of Section D narrative.	Same	Acceptable Change
Missing or Incomplete Data	2019A1R SWPA.pdf pg. 41	If Member's date of birth is not available, the Member is assumed to be age 28 at date of hire.	Same	Same	No Change
"Missing" Terminated Vested Participant Assumption	N/A	None	Same	Same	No Change
Treatment of Participants Working Past Retirement Date	Not disclosed	Continued benefit accrual to actual retirement	Same	Same	No Change
Assumptions Related to Reciprocity	N/A	None assumed	None assumed	None assumed	No Change
Other Demographic Assumption 1					
Other Demographic Assumption 2					
Other Demographic Assumption 3					
NON-DEMOGRAPHIC ASSUMPTIONS					
Contribution Base Units	2020Zone20200928 SWPA.pdf pg. 6	No change in CBUs for UPS employees, 2% annual decline for Non-UPS employees.	Same	For UPS employees, a 7.4% decline in the first year from 5,400 to 5,000 CBUs, then 0% from 7/1/2024 through 6/30/2029, and change to a 3% annual decline for Non-UPS employees through 6/30/2029, starting with 725,411 non-UPS CBUs for the plan year ending 6/30/2023, with a 1% annual decline for all employees starting 7/1/2029 and thereafter.	Other Change
Contribution Rate	*	*	*	*	Acceptable Change
Administrative Expenses	2020Zone20200928 SWPA.pdf pg. 7	Based on actual expenses paid in prior year with no future increases.	Based on actual expenses paid in prior year with no future increases with adjustments for one-time expenses and cost for new employees as described in Section D narrative.	See description in SWPA Checklist Section D narrative.pdf, pages 4-6	Other Change
Assumed Withdrawal Payments - Currently Withdrawn Employees	FMV Cert SWPA.pdf (previously submitted)	Based on schedule in FMV Cert SWPA	Same	Same	
Assumed Withdrawal Payments -Future Withdrawals	N/A	None	None	None	
Other Assumption 1	SWPA Checklist Section D narrative.pdf page 7	Beneficiaries of unmarried participants who died prior to July 1, 2017 were eligible for a monthly benefit payable on a ten-year certain basis. If the payments had not commenced as of a valuation date, the benefits were assumed to begin on the valuation date.	Same	Beneficiary payments that have not commenced as of a valuation date are assumed to commence at the later of age 65 or the valuation date.	Other Change
Other Assumption 2					
Other Assumption 3					
CASH FLOW TIMING ASSUMPTIONS					
Benefit Payment Timing	Not disclosed	Beginning of month	Same	Same	
Contribution Timing	Not disclosed	Mid-year	Same	Same	
Withdrawal Payment Timing	Not disclosed	Mid-year	Same	Same	
Administrative Expense Timing	Not disclosed	Mid-year	Same	Same	
Other Payment Timing					