

**Pension Benefit Guaranty Corporation
Insurance Operation Department
Task Order Form**

Task Order Number: _____

Project Name: _____

TO: _____ **DOPT:** _____

PBGC Case No: _____

Contract Monitor: _____ **Division:** _____

Specific Service Required

(Check one or more as applicable. All items are to be in accordance with IOD standards)

Brief Description of Service

(Attachments may include more detailed Statement of Work with deadlines for deliverables)

Plan Abstract

Upfront Work

Ariel Plan Analysis Document (APAD)

Upfront Work

Data Elements

Upfront Work

Estimated Benefit Adjustment

Upfront Work

Estimated Benefit Calculation Program

Upfront Work

Actuarial Case Report

Ariel Equivalent of hard copy and software files:
Actuarial Case Memo, Guidance for the PLS, CAS
Assets Screens, Plan Abstract, Plan Factors,
Valuation Spreadsheets, Benefit Statement,
Recalculation Samples as needed.

Benefit Statement Recalculation System

Ariel Equivalent

Benefit Statement Print Files

Ariel Equivalent

Database Files

Ariel Equivalent

ADT Files

Ariel Equivalent

Benefit Estimation Tool (BET)

Ariel Equivalent

Data Construction Tool (DC Tool)

Other:

DATA FORWARDED TO CONTRACTOR:

Plan Document(s)

Amendments No.

Trust Agreement

Amendments No.

Insurance Contract(s)

Amendments No.

Actuarial Report(s)

Participant Data Format:

Other Describe:

Additional Information and Background Describing Service Requested

Estimated # of Participants*: _____ Number of Retired: _____

Complexities: SSA, Offset, S/O, PC5, PC2, PC3, Supplements, Other:

* If number of participants in the plan is less than 50, please get your division manager's approval before submitting to COTR

Comments:

NUMBER OF ATTACHMENTS: []

For actuarial /policy or data questions, please call (202) 326-4100. Please follow up all data/policy questions with a memo addressed to the IOD actuary. Include your recommendations.

ESTIMATED HOURS FOR TASK ORDER

PBGC Case No: _____ Task Order Number: _____

PLAN NAME : _____

TO BE COMPLETED BY CONTRACTOR

Labor Category	Estimated Hours	Rate/Hour	Total Cost
Actuary			
Associate Actuary			
Assistant Actuary			
Actuarial Programmer			
Actuarial Assistant I			
Actuarial Assistant II			
Actuarial Technician			
A&R Clerk			
Data Clerk/SS			
Total			

Approval	Name	Signature	Date
Contractor Representative			
Contractor Monitor			
COTR			

Before the contractor goes over the estimated hours for any labor category (total or current fiscal year), this page must be revised by the approval contractor representative, contract monitor, and COTR

No work may be done until the COTR signs this form