

**Pension Benefit Guaranty Corporation  
Insurance Operation Department  
Work Assignment Form**

**Work Assignment #:** \_\_\_\_\_

**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 WORK ASSIGNMENT

PBGC Case No: \_\_\_\_\_ Work Assignment No: \_\_\_\_\_

PLAN NAME : \_\_\_\_\_

### TO BE COMPLETED BY CONTRACTOR

Labor Category	Total Estimated Hours	Estimated Hours this Fiscal Year
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