

# Sample Do Not Use

PBGC Form 1  
Pension Benefit  
Guaranty Corporation  
2000

## Annual Premium Payment For Plan Years Beginning in Calendar Year 2000

Approved OMB 1212-0009

413105

Check for Amended Filing  Check for Disaster Relief  (see instructions)

See the 2000 Premium Payment Package for the instructions for Form 1

Photocopies of this form may not be filed.

<b>1. Plan Sponsor</b> Check for address change <input type="checkbox"/>  Check if you do not want forms and instructions next year <input type="checkbox"/>  Name _____  Address _____  City _____ State _____ Zip _____	<b>2. Plan Administrator</b> Check for address change <input type="checkbox"/>  Check if same as plan sponsor and go to Item 3 <input type="checkbox"/>  Name _____  Address _____  City _____ State _____ Zip _____
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**3. Employer Identification Number/Plan Number (EIN/PN)**

(a) Enter 9-digit EIN  (b) Enter 3-digit PN

(c) Does EIN/PN match entry on 1999 Form 5500?  Yes  No  1999 Form 5500 not required.

If no, attach explanation, check box in item 19, and enter EIN/PN from 1999 Form 5500: 9-digit EIN  3-digit PN

**4. If EIN and PN in item 3 (a) and (b) above are NOT BOTH the same as on the most recent premium filing, enter both prior EIN and prior PN.**

(a) Prior 9-digit EIN  (b) Prior 3-digit PN  (c) Effective Date of Change  
 M M D D Y Y Y Y

**5. Plan Coverage Status (check one)** (a)  Covered (b)  Uncertain (If uncertain, you should file. See instructions, page 12.)

**6. Is this the first premium filing for this plan?**  No  Yes If yes, enter the following dates.

(a) Plan effective date M M D D Y Y Y Y  (b) Plan adoption date M M D D Y Y Y Y  (c) Plan coverage date M M D D Y Y Y Y

**7. Transfers from disappearing plans:**  
 Has a plan other than yours ceased to exist in connection with any transfer of assets or liabilities from that plan to this plan since the most recent premium filing? (See instructions, page 12.)  No  Yes  
 If yes, give EIN/PN of each disappearing transferor plan and effective date of transfer, and indicate whether it was a merger (M), consolidation (C), or spinoff (S).

Transferor's 9-digit EIN	3-digit PN	M M D D Y Y Y Y	Transfer Type		
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/>	C <input type="checkbox"/>	S <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/>	C <input type="checkbox"/>	S <input type="checkbox"/>

(If more than 2, attach a separate sheet that lists the additional EIN/PNs, dates, and transfer types, and check the box in item 19.)

**8. New 6-Digit Industry Code:**  (enter 6 digits)

**9. Name of Plan:**

continue on page 2

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EIN/PN from Form 1 line 3 (a) and (b)

10. Name and Phone Number of Plan Contact

(a) Name: [ ] (b) Area Code and Phone Number [ ]

11. Plan Type (Check appropriate box to indicate type of plan and type of filing.)

(a)  Multiemployer plan (b)  Single-Employer plan (Includes Multiple Employer plan)

12. (a) This premium is for the plan year beginning: M M D D Y Y Y Y [ 2 0 0 0 ] (b) This premium is for the plan year ending: M M D D Y Y Y Y [ ]

(c)  Check here if the plan year beginning date has changed since last filing with PBGC (d) Adoption date of plan year change: M M D D Y Y Y Y [ ]

13. Enter PARTICIPANT COUNT for the plan year specified in Item 12 ..... 13 [ ]

14. MULTIEMPLOYER plans:

Multiply line 13 by the \$2.60 premium rate and enter amount ..... 14 [ ]

15. SINGLE-EMPLOYER plans: Compute your premium as indicated below:

(a) Flat rate premium: Multiply the participant count on line 13 by \$19 ..... 15(a) [ ]

(b) Variable rate premium: From Schedule A, line 5 ..... 15(b) [ ]

(c) Total premium: Add lines 15(a) and 15(b). Enter amount ..... 15(c) [ ]

16. Premium credits (See instructions, page 15)

(a) Amount paid by check or wire transfer with 2000 Form 1-ES (line 8 of Form 1-ES) ..... 16(a) [ ]

(b) Other credit (including any credit claimed on line 7 of the 2000 Form 1-ES). (See instructions, page 15) ..... 16(b) [ ]

(c) Total credit: Add lines 16(a) and 16(b). Enter amount ..... 16(c) [ ]

17. Amount due. If the amount on line 14 or 15(c) is LARGER than the amount on line 16(c),

subtract line 16(c) from line 14 or 15(c) and enter the amount due on line 17 ..... 17 [ ]

See page 16 of instructions for payment methods. Indicate how you are paying the amount due:

by check enclosed with this form, or  by wire transfer.

18. Overpayment. If the amount on line 14 or 15(c) is SMALLER than the amount on line 16(c),

subtract line 14 or 15(c) from line 16(c) and enter the overpayment on line 18 ..... 18 [ ]

See page 16 of instructions for application of overpayments. An amount of overpayment not otherwise applied may be refunded or credited against the plan's next premium filing. If you want a refund, check here:

For a refund by wire transfer, indicate whether transfer is to a checking account  or savings account  and

enter the bank routing number [ ] and account number for the refund [ ]

19. If you have attachments other than Schedule A, check here:  Put EIN/PN (item 3(a) and (b)) and date premium payment year commenced (PYC) on each sheet.

20. Multiemployer Plan Declaration (NOTE: All SINGLE-EMPLOYER Plan Administrators MUST sign the certification in item 6 of Schedule A.)

Under penalties of perjury (18 U.S.C. 1001), I declare that I have examined this filing, and to the best of my knowledge and belief it is true, correct and complete.

[ ] Date [ ] Signature of Multiemployer Plan Administrator

[ ] Print or type first name of individual who signs [ ] Print or type last name of individual who signs