PBGC Form 1
Pension Benefit Guaranty Corporation
2001

Annual Premium Payment

For Plan Years Beginning in Calendar Year 2001

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

See the 2001 Premium Payment Package for the Instructions for Form 1

Approved OMB 1212-0009
PB0144 535782

Photocopies of this form may not be filed. Downloaded forms may be filed (see instructions).

1. Plan Sponsor Check for address change ☐

Check if you do not want forms and instructions next year ☐

Name

Address

City State Zip

2. Plan Administrator Check for address change ☐

Check if same as plan sponsor and go to Item 3 ☐

Name

Address

City State Zip

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 2000 Form 5500? ☐ Yes ☐ No ☐ 2000 Form 5500 not required.

If no, attach explanation, check box in item 19, and enter EIN/PN from 2000 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 22.)

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 23.) ☐ 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 M	C	S
			☐	☐	☐
			☐	☐	☐

(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. Enter 6-digit Industry Code:

9. Name of Plan:

continue on page 2

EIN/PN from line 3 (a) and (b) — 9-digit EIN: _____ 3-digit PN: _____

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 1** (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.
(See instructions, page 24, for new definition of "participant.") . . . . . 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, pages 25-26.)

(a) Amount paid by check or wire transfer with 2001 Form 1-ES (line 8 of Form 1-ES) . . . . . 16(a) _____

(b) Other credit (including any credit claimed on line 7 of the 2001 Form 1-ES and any short-year credit). (See instructions, pages 25-26.). . . . . 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 26 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 pages 26-27 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 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: 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.

_____ M M D D Y Y Y Y _____

Signature of Multiemployer Plan Administrator — Date

_____ _____

Print or type first name of individual who signs — Print or type last name of individual who signs — Business E-mail Address (Optional)