

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefit Programs  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

▶ **File as an Attachment to Forms 5500, 5500-C, or 5500-R**

OMB No. 1210-0016

**1984**

**This Form Is  
Open to Public  
Inspection**

For calendar year 1984 or fiscal plan year beginning \_\_\_\_\_, 1984 and ending \_\_\_\_\_, 19\_\_.

- ▶ **Part I must be completed for all plans required to file this schedule.**
- ▶ **Part II must be completed for all insured pension plans.**
- ▶ **Part III must be completed for all insured welfare plans.**

▶ **Enter master trust name in place of "sponsor" and specify investment account in place of "plan" if filing for a master trust.**

Name of plan sponsor as shown on line 1(a) of Form 5500, 5500-C, or 5500-R \_\_\_\_\_ **Employer identification number** \_\_\_\_\_

Name of plan \_\_\_\_\_ Enter three digit plan number ▶ \_\_\_\_\_

**Part I Summary of All Insurance Contracts Included in Parts II and III**  
Group all contracts in the same manner as in Parts II and III.

**1** Check appropriate box: (a)  Welfare plan (b)  Pension plan (c)  Combination pension and welfare plan

<b>2</b> Coverage:	(a) Name of insurance carrier	(b) Contract or identification number	(c) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(d) From	(e) To

<b>3</b> Insurance fees and commissions paid to agents and brokers:			(d) Fees paid	
(a) Contract or identification number	(b) Name and address of the agents or brokers to whom commissions or fees were paid	(c) Amount of commissions paid	Amount	Purpose
<b>Total</b>				

**4** Premiums due and unpaid at end of the plan year ▶ \$ \_\_\_\_\_, contract or identification number ▶ \_\_\_\_\_

**Part II Insured Pension Plans** Provide information for each contract on a separate Part II. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

▶ Contract or identification number ▶ \_\_\_\_\_

**5** Contracts with allocated funds, for example, individual policies or group deferred annuity contracts:

(a) State the basis of premium rates ▶ \_\_\_\_\_

(b) Total premiums paid to carrier . . . . . \_\_\_\_\_

(c) If the carrier, service or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in 3 above, enter amount . . . . . \_\_\_\_\_  
Specify nature of costs ▶ \_\_\_\_\_

**6** Contracts with unallocated funds, for example, deposit administration or immediate participation guarantee contracts. Do not include portions of these contracts maintained in separate accounts:

(a) Balance at the end of the previous policy year . . . . .	_____	_____
(b) Additions:		
(i) Contributions deposited during year . . . . .	_____	_____
(ii) Dividends and credits . . . . .	_____	_____
(iii) Interest credited during the year . . . . .	_____	_____
(iv) Transferred from separate account . . . . .	_____	_____
(v) Other (specify) ▶ _____	_____	_____
(vi) Total additions . . . . .	_____	_____
(c) Total of balance and additions, add (a) and (b)(vi) . . . . .	_____	_____
(d) Deductions:		
(i) Disbursed from fund to pay benefits or purchase annuities during year. . . . .	_____	_____
(ii) Administration charge made by carrier . . . . .	_____	_____
(iii) Transferred to separate account . . . . .	_____	_____
(iv) Other (specify) ▶ _____	_____	_____
(v) Total deductions. . . . .	_____	_____
(e) Balance at end of current policy year, subtract (d)(v) from (c) . . . . .	_____	_____

**7** Separate accounts: Current value of plan's interest in separate accounts at year end . . . . . \_\_\_\_\_

**Part III Insured Welfare Plans**

Provide information for each contract on a separate Part III. If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 (a) Contract or identification number	(b) Type of benefit	(c) List gross premium for each contract	(d) Premium rate or subscription charge
<b>9 Experience rated contracts:</b>			
(a) Premiums:			
(i) Amount received			
(ii) Increase (decrease) in amount due but unpaid			
(iii) Increase (decrease) in unearned premium reserve			
(iv) Premiums earned, add (i) and (ii), and subtract (iii)			
(b) Benefit charges:			
(i) Claims paid			
(ii) Increase (decrease) in claim reserves			
(iii) Incurred claims, add (i) and (ii)			
(iv) Claims charged			
(c) Remainder of premium:			
(i) Retention charges (on an accrual basis)—(A) Commissions			
(B) Administrative service or other fees			
(C) Other specific acquisition costs			
(D) Other expenses			
(E) Taxes			
(F) Charges for risks or contingencies			
(G) Other retention charges			
(H) Total retention			
(ii) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash or <input type="checkbox"/> credited.)			
(d) Status of policyholder reserves at end of year:			
(i) Amount held to provide benefits after retirement			
(ii) Claim reserves			
(iii) Other reserves			
(e) Dividends or retroactive rate refunds due (do not include amount entered in (c)(ii))			
<b>10 Non experience rated contracts:</b>			
(a) Total premiums or subscription charges paid to carrier			
(b) If the carrier, service or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in 3 above, report amount			
Specify nature of costs ▶			

If additional space is required for any item, attach additional sheets the same size as this form.

**General Instructions**

This schedule must be attached to Form 5500, 5500-C, or 5500-R for every defined benefit, defined contribution and welfare benefit plan where any benefits under the plan are provided by an insurance company, insurance service or other similar organization.

**Exception:** Schedule A (Form 5500) is not needed if the plan covers only (1) an individual (or an individual and spouse) who wholly owns a trade or business, whether incorporated or unincorporated, or (2) a partner in a partnership or a partner and spouse.

**Plans Participating in Master Trust(s).**—For insurance or annuity contracts that are held in a master trust and owned jointly by two or more plans participating in a master trust, a single Schedule A (Form 5500) for each contract must be included in the information relating to the master trust which is filed with DOL. The individual plans need not file the Schedule A (Form 5500) but must treat unallocated funds or any interest in a separate account held in a master trust as part of an investment account for purposes of their annual report. (See the return/report master trust filing instructions.)

**Specific Instructions**

(References are to the line items on the form.)

Include only contracts with policy or contract years ending with or within the plan year. Data on Schedule A (Form 5500) should be reported only for such policy or contract years. Exception: If the insurance company maintains records on the basis of a plan year rather than policy or contract year, data on Schedule A (Form 5500) may be reported for the plan year.

Include only the contracts issued to the plan for which this return/report is being filed.

**2(c).**—Since the plan coverage may fluctuate during the year, the number of persons entered should be that which the administrator determines will most reasonably reflect the number covered by the plan at the end of the policy or contract year.

Where contracts covering individual employees are grouped, entries should be determined as of the end of the plan year.

**2(d) and (e).**—Enter the beginning and ending dates of the policy year for each contract listed under column (b). Where separate contracts covering individual employees are grouped, enter "N/A" in column (d).

**3.**—All sales commissions are to be reported in column (c) regardless of the identity of the

recipient. Override commissions, salaries, bonuses, etc., paid to a general agent or manager for managing an agency, or for performing other administrative functions, are not to be reported. Fees to be reported in column (d) represent payments by insurance carriers to agents and brokers for items other than commissions (e.g., service fees, consulting fees and finders fees). Fees paid by insurance carriers to persons other than agents and brokers should be reported in Parts II and III on Schedule A (Form 5500) as acquisition costs, administrative charges, etc., as appropriate. For plans with 100 or more participants, fees paid by employee benefit plans to agents, brokers and other persons are to be reported in item 12, Form 5500.

**5(a).**—The rate information called for here may be furnished by attachment of appropriate schedules of current rates filed with appropriate State insurance departments or by a statement as to the basis of the rates.

**6.**—Show deposit fund amounts rather than experience credit records when both are maintained.

**8(d).**—The rate information called for here may be furnished by attachment of appropriate schedules of current rates or by a statement as to the basis of the rates.