SCHEDULE A (Form 5500)
Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits Administration
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 or 5500-C/R.**

▶ Insurance companies are required to provide this information as per ERISA section 103(a)(2).

OMB No. 1210-0016

1990

This Form Is Open to Public Inspection

For calendar year 1990 or fiscal plan year beginning , 1990 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 or 103-12 IE name in place of "sponsor" and specify investment account or 103-12 IE in place of "plan" if filing with DOL for a master trust or 103-12 IE.**

Name of plan sponsor as shown on line 1a of Form 5500 or 5500-C/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

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

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

9	Experience-rated contracts: **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 ☐ paid in cash, or ☐ 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).*)	
10	Nonexperience-rated contracts: **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 or 5500-C/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.

Specific Instructions

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

Information entered on Schedule A (Form 5500) should pertain to contracts with policy or contract years ending with or within the plan year (for reporting purposes, a year cannot exceed 12 months). **Exception:** If the insurance company maintains records on the basis of a plan year rather than a policy or contract year, the information entered on Schedule A (Form 5500) may pertain to the plan year instead of the policy or contract year.

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

Plans Participating in Master Trust(s) and 103-12 IEs—See the Form 5500 or Form 5500-C/R instructions for "Reporting Requirements for Investment Arrangements Filing With DOL."

Line 2(c).—Since the plan coverage may fluctuate during the year, the administrator should estimate the number of persons that were 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.

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

Line 3.—Report all sales commissions in column (c) regardless of the identity of the recipient. Do not report override commissions, salaries, bonuses, etc., paid to a general agent or manager for managing an agency, or for performing other administrative functions.

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).

Note: *For purposes of this item, commissions and fees include amounts paid by an insurance company on the basis of the aggregate value (e.g., policy amounts, premiums) of contracts or policies (or classes thereof) placed or retained. The amount (or pro rata share of the total) of such commissions or fees attributable to the contract or policy placed with or retained by the plan must be reported in column (c) or (d), as appropriate.*

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 on Schedule C (Form 5500).

Line 5a.—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.

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

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