

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p style="text-align: right;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;">2012</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
For calendar plan year 2012 or fiscal plan year beginning SCH_A_PLAN_YEAR_BEGIN_DATE and ending SCH_A_PLAN_YEAR_END_DATE		
A Name of plan	B Three-digit plan number (PN) ▶ SCH_A_PLAN_NUM	C Plan sponsor's name as shown on line 2a of Form 5500
D Employer Identification Number (EIN) SCH_A_EIN		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier INS_CARRIER_NAME

INS_CARRIER_NAIC_CODE

INS_PRSN_COVERED_EOY_CNT

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
INS_CARRIER_EIN		INS_CONTRACT_NUM		INS_POLICY_FROM_DATE	INS_POLICY_TO_DATE

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
INS_BROKER_COMM_TOT_AMT	INS_BROKER_FEES_TOT_AMT

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

See Next Page

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

Table: Efast_09.F_Sch_A_part1_2009

ACK_ID
FORM_ID
Generated_Variables
ROW_ORDER

ROW_ORDER

(b) Amount of sales and base
commissions paid

Fees and other commissions paid

(c) Amount

(d) Purpose

(e) Organization
code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

INS_BROKER_NAME

INS_BROKER_US_ADDRESS1

INS_BROKER_US_STATE

INS_BROKER_FOREIGN_ADDRESS2

INS_BROKER_FOREIGN_CNTRY

INS_BROKER_US_ADDRESS2

INS_BROKER_US_ZIP

INS_BROKER_FOREIGN_CITY

INS_BROKER_FOREIGN_POSTAL_CD

INS_BROKER_US_CITY

INS_BROKER_FOREIGN_ADDRESS1

INS_BROKER_FOREIGN_PROV_STATE

(b) Amount of sales and base
commissions paid

Fees and other commissions paid

(c) Amount

(d) Purpose

(e) Organization
code

INS_BROKER_COMM_PD_AMT

INS_BROKER_FEES_PD_AMT

INS_BROKER_FEES_PD_TEXT

INS_BROKER_CODE

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base
commissions paid

Fees and other commissions paid

(c) Amount

(d) Purpose

(e) Organization
code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base
commissions paid

Fees and other commissions paid

(c) Amount

(d) Purpose

(e) Organization
code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base
commissions paid

Fees and other commissions paid

(c) Amount

(d) Purpose

(e) Organization
code

Part II Investment and Annuity Contract Information

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.

4	Current value of plan's interest under this contract in the general account at year end	PENSION_EOY_GEN_ACCT_AMT
5	Current value of plan's interest under this contract in separate accounts at year end	PENSION_EOY_SEP_ACCT_AMT
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	PENSION_BASIS_RATES_TEXT
b	Premiums paid to carrier	PENSION_PREM_PAID_TOT_AMT 6b
c	Premiums due but unpaid at the end of the year	PENSION_UNPAID_PREMIUM_AMT 6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	PENSION_CONTRACT_COST_AMT 6d
	Specify nature of costs ▶	PENSION_COST_TEXT
	ALLOC_CONTRACTS_INDIV_IND	
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity ALLOC_CONTRACTS_GROUP_IND	
	(3) <input type="checkbox"/> other (specify) ▶ ALLOC_CONTRACTS_OTHER_TEXT	
	ALLOC_CONTRACTS_OTHER_IND	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>	PENS_DISTR_BNFT_TERM_PLN_IND
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarant UNAL_CONTRAC_IMM_PART_GUAR_IND	
	(3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ UNALLOC_CONTRACTS_OTHER_IND	
	UNAL_CONTRACTS_GUAR_INVEST_IND	
	UNALLOC_CONTRACTS_DEP_ADM_IND	
	UNALLOC_CONTRACTS_OTHER_TEXT	
b	Balance at the end of the previous year	PENSION_END_PREV_BAL_AMT 7b
c	Additions: (1) Contributions deposited during the year	7c(1) PENSION_CONTRIB_DEP_AMT
	(2) Dividends and credits	7c(2) PENSION_DIVND_CR_DEP_AMT
	(3) Interest credited during the year	7c(3) PENSION_INT_CR_DUR_YR_AMT
	(4) Transferred from separate account	7c(4) PENSION_TRANSFER_FROM_AMT
	(5) Other (specify below)	7c(5) PENSION_OTHER_AMT
	▶ PENSION_OTHER_TEXT	
	(6) Total additions	PENSION_TOT_ADDITIONS_AMT 7c(6)
d	Total of balance and additions (add lines 7b and 7c(6))	PENSION_TOT_BAL_ADDN_AMT 7d
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) PENSION_BNFTS_DSBRSD_AMT
	(2) Administration charge made by carrier	7e(2) PENSION_ADMIN_CHRG_AMT
	(3) Transferred to separate account	7e(3) PENSION_TRANSFER_TO_AMT
	(4) Other (specify below)	7e(4) PENSION_OTH_DED_AMT
	▶ PENSION_OTH_DED_TEXT	
	(5) Total deductions	7e(5) PENSION_TOT_DED_AMT
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f PENSION_EOY_BAL_AMT

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶ **WLFR_TYPE_BNFT_OTH_TEXT**

9 Experience-rated contracts:

- a** Premiums: (1) Amount received..... **9a(1)** **WLFR_PREMIUM_RCVD_AMT**
 (2) Increase (decrease) in amount due but unpaid..... **9a(2)** **WLFR_UNPAID_DUE_AMT**
 (3) Increase (decrease) in unearned premium reserve..... **9a(3)** **WLFR_RESERVE_AMT**
 (4) Earned ((1) + (2) - (3))..... **WLFR_TOT_EARNED_PREM_A** **9a(4)**
b Benefit charges (1) Claims paid..... **9b(1)** **WLFR_CLAIMS_PAID_AMT**
 (2) Increase (decrease) in claim reserves..... **9b(2)** **WLFR_INCR_RESERVE_AMT**
 (3) Incurred claims (add (1) and (2))..... **9b(3)** **WLFR_INCURRED_CLAIM_AMT**
 (4) Claims charged..... **9b(4)** **WLFR_CLAIMS_CHRGD_AMT**
c Remainder of premium: (1) Retention charges (on an accrual basis) --
 (A) Commissions..... **9c(1)(A)** **WLFR_RET_COMMISSIONS_AMT**
 (B) Administrative service or other fees..... **9c(1)(B)** **WLFR_RET_ADMIN_AMT**
 (C) Other specific acquisition costs..... **9c(1)(C)** **WLFR_RET_OTH_COST_AMT**
 (D) Other expenses..... **9c(1)(D)** **WLFR_RET_OTH_EXPENSE_AMT**
 (E) Taxes..... **9c(1)(E)** **WLFR_RET_TAXES_AMT**
 (F) Charges for risks or other contingencies..... **9c(1)(F)** **WLFR_RET_CHARGES_AMT**
 (G) Other retention charges..... **9c(1)(G)** **WLFR_RET_OTH_CHRG_AMT**
 (H) Total retention..... **WLFR_REFUND_CASH_IND** **WLFR_REFUND_CREDIT_IND** **9c(1)(H)** **WLFR_RET_TOT_AMT**
 (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)..... **9c(2)** **WLFR_REFUND_AMT**
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement..... **9d(1)** **WLFR_HELD_BNFTS_AMT**
 (2) Claim reserves..... **9d(2)** **WLFR_CLAIMS_RESERVE_AMT**
 (3) Other reserves..... **9d(3)** **WLFR_OTH_RESERVE_AMT**
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)..... **9e** **WLFR_DIVNDS_DUE_AMT**
10 Nonexperience-rated contracts:
a Total premiums or subscription charges paid to carrier..... **1** **WLFR_TOT_CHARGES_PAID_AMT**
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 Part I, line 2 above, report amount..... **10b** **WLFR_ACQUIS_COST_AMT**
 Specify nature of costs ▶ **WLFR_ACQUIS_COST_TEXT**

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes **INS_FAIL_PROVIDE_INFO_IND**

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

INS_FAIL_PROVIDE_INFO_TEXT

WLFR_BNFT_HEALTH_IND

WLFR_BNFT_LIFE_INSUR_IND

WLFR_BNFT_UNEMP_IND

WLFR_BNFT_HMO_IND

WLFR_BNFT_DENTAL_IND

WLFR_BNFT_TEMP_DISAB_IND

WLFR_BNFT_DRUG_IND

WLFR_BNFT_PPO_IND

WLFR_BNFT_VISION_IND

WLFR_BNFT_LONG_TERM_DISAB_IND

WLFR_BNFT_STOP_LOSS_IND

WLFR_BNFT_INDEMNITY_IND

WLFR_BNFT_OTHER_IND