

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2017 <hr/> This Form is Open to Public Inspection
For calendar plan year 2017 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 INS_CARRIER_EIN	(c) NAIC code	(d) Contract or identification number INS_CONTRACT_NUM	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Policy or contract year</th> </tr> <tr> <td style="width: 50%; text-align: center;"> (f) From INS_POLICY_FROM_DATE </td> <td style="width: 50%; text-align: center;"> (g) To INS_POLICY_TO_DATE </td> </tr> </table>	Policy or contract year		(f) From INS_POLICY_FROM_DATE	(g) To INS_POLICY_TO_DATE
Policy or contract year							
(f) From INS_POLICY_FROM_DATE	(g) To 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 INS_BROKER_COMM_TOT_AMT	(b) Total amount of fees paid INS_BROKER_FEES_TOT_AMT
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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 <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: 150px;">See Next Page</div>			
(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 <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: 150px;">See Next Page</div>			
(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

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(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

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_ADDRESS

INS_BROKER_FOREIGN_PROV_STATE

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

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

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
c	Premiums due but unpaid at the end of the year	PENSION_UNPAID_PREMIUM_AMT
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
	Specify nature of costs ▶	PENSION_COST_TEXT
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify)	ALLOC_CONTRACTS_GROUP_IND
		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 ▶	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 guaran (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	UNAL_CONTRAC_IMM_PART_GUAR_IND
		UNALOC_CONTRACTS_OTHER_IND
		UNALOC_CONTRACTS_OTHER_TEXT
		UNALOC_CONTRACTS_DEP_ADM_IND
b	Balance at the end of the previous year	PENSION_END_PREV_BAL_AMT
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
d	Total of balance and additions (add lines 7b and 7c(6))	PENSION_TOT_BAL_ADDN_AMT
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)) **9a(4)** **WLFR_TOT_EARNED_PREM_A**
- 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 **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 **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**INS_FAIL_PROVIDE_INFO_IND**

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

INS_FAIL_PROVIDE_INFO_TEXT, specify the information not provided. ▶

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