

**SCHEDULE A
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security 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 (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

2020**This Form is Open to Public
Inspection**For calendar plan year 2020 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.**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	(e) Approximate number of persons covered at end of policy or contract year
		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****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	

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule A (Form 5500) 2020
v. 200204

(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
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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_ADDRESS1	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** **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 ▶

ALLOC_CONTRACTS_INDIV_IND **PENSION_COST_TEXT**

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity **ALLOC_CONTRACTS_GROUP_IND**

(3) ☐ 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 ▶ **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) ☐ deposit administration (2) ☐ immediate participation guarant **UNAL_CONTRAC_IMM_PART_GUAR_IND**

(3) ☐ guaranteed investment (4) ☐ other ▶ **UNALLOC_CONTRACTS_OTHER_IND**

UNAL_CONTRACTS_GUAR_INVEST_IND**UNALLOC_CONTRACTS_OTHER_TEXT****UNALLOC_CONTRACTS_DEP_ADM_IND**

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**

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 **10a** 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 InformationINS_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. ▶

<u>WLFR_BNFT_HEALTH_IND</u>	<u>WLFR_BNFT_LIFE_INSUR_IND</u>	<u>WLFR_BNFT_UNEMP_IND</u>	<u>WLFR_BNFT_HMO_IND</u>
<u>WLFR_BNFT_DENTAL_IND</u>	<u>WLFR_BNFT_TEMP_DISAB_IND</u>	<u>WLFR_BNFT_DRUG_IND</u>	<u>WLFR_BNFT_PPO_IND</u>
<u>WLFR_BNFT_VISION_IND</u>	<u>WLFR_BNFT_LONG_TERM_DISAB_IND</u>	<u>WLFR_BNFT_STOP_LOSS_IND</u>	<u>WLFR_BNFT_INDEMNITY_IND</u>
			<u>WLFR_BNFT_OTHER_IND</u>