

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 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>SCH_A_PLAN_YEAR_BEGIN_DATE</u> and ending <u>SCH_A_PLAN_YEAR_END_DATE</u>		
A Name of plan		B Three-digit plan number (PN) ▶ <u>SCH_A_PLAN_NUM</u>
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Identification Number (EIN) <u>SCH_A_EIN</u>
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 <u>INS_CARRIER_NAME</u> <u>INS_CARRIER_NAIC_CODE</u> <u>INS_PRSN_COVERED_EOY_CNT</u>		
(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	
<u>INS_CARRIER_EIN</u>	<u>INS_CONTRACT_NUM</u>	<u>INS_POLICY_FROM_DATE</u> <u>INS_POLICY_TO_DATE</u>
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 <u>INS_BROKER_COMM_TOT_AMT</u>		(b) Total amount of fees paid <u>INS_BROKER_FEES_TOT_AMT</u>
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; width: fit-content;">See Next Page</div>		
(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

Table: Efast_09.F_Sch_A_part1_2009

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ROW_ORDER

(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
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(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	4	PENSION_EOY_GEN_ACCT_AMT
5	Current value of plan's interest under this contract in separate accounts at year end	5	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 (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 ▶	<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 guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	UNAL_CONTRAC_IMM_PART_GUAR_IND	
	UNAL_CONTRACTS_GUAR_INVEST_IND		
	UNAL_CONTRACTS_OTHER_IND		
	UNAL_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	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..... **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 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

<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>