

# 2024 Instructions for Schedule MEP

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## 2024 Instructions for Schedule MEP (Form 5500) *Multiple-Employer Retirement Plan Information*

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Code section references are to the Internal Revenue Code unless otherwise noted. ERISA refers to the Employee Retirement Income Security Act of 1974.

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The Schedule MEP provides information about multiple-employer pension plans (MEPs). It consists of three parts. All MEPs must complete Parts I and II to indicate the specific type of plan or arrangement, to complete a list of participating employers, and to provide certain required information.

Part III only needs to be completed by pooled employer plans to answer questions specific to pooled employer plans.

Remember to check the Schedule MEP box on the Form 5500 (Part II, line 10a(5)) if a Schedule MEP is attached to the Form 5500.

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Schedule MEP (Form 5500) must be attached to a Form 5500 or Form 5500-SF filed for a pension plan that checks the "multiple-employer plan" box on Part I of Form 5500 or Form 5500-SF, to provide information specific to such plan, including a list of participating employers and related information.

Multiple-employer welfare plans are not required to file the Schedule MEP but must include an attachment to report the participating employer information in accordance with the instructions for the "multiple-employer plan" box on Part I of Form 5500.

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### Part I Type of Multiple-Employer Pension Plan [Return to top](#)

**Line 1.** [top](#) For purposes of completing the Schedule MEP, from among (a) to (d) described below, check the box on line 1 that best describes the type of plan. Filers must check one of the four boxes.

**(a) Association Retirement Plan.** [top](#) Check this box if the Schedule MEP is being filed for a defined contribution MEP that is an Association Retirement Plan and complete Part II. A defined contribution pension plan sponsored by a bona fide group or association of employers is a MEP that is an Association Retirement Plan if: (1) the group or association has at least one substantial business purpose unrelated to offering and providing employee benefits to its employer members and their employees; (2) each employer member directly acts as an employer of at least one employee participating in the MEP; (3) the group or association has a formal organizational structure; (4) the group or association is controlled by its employer members; (5) employer members of the group or association have a commonality of interest; (6) plan participation is limited to employees and former employees of its employer members, and their beneficiaries; (7) the group or association must not be a bank or trust company, insurance issuer, broker-dealer, or other similar financial services firm (including a pension record keeper or third-party administrator) or owned or controlled by such an entity or any subsidiary or affiliate of such an entity, other than to the extent such an entity, subsidiary, or affiliate participates in the group or association in its capacity as an employer member; and (8) the group or association meets any other applicable conditions under 29 CFR 2510.3-55(b).

**Caution!** Do not check this box for a defined benefit plan sponsored by a bona fide group or association of employers. See instructions for (d) Other Multiple-Employer Pension Plan.

**(b) Professional Employer Organization Plan (PEO Plan).** [top](#) Check this box if the Schedule MEP is being filed for a defined contribution MEP that is a Professional Employer Organization Plan (PEO Plan) and complete Part II. For this purpose, a professional employer organization (PEO) is a human-resource company that contractually assumes certain employer responsibilities of its client employers. A defined contribution pension plan sponsored by a PEO is a MEP that is a PEO Plan if the PEO: (1) performs substantial employment functions on behalf of its client employers and maintains adequate records relating to such functions; (2) has substantial control over the functions and activities of the MEP as the plan sponsor, the plan administrator, and a named fiduciary and continues to have plan obligations to MEP

participants after the client employer no longer contracts with the organization; (3) ensures that each client employer that adopts the MEP acts directly as an employer of at least one employee that is a participant covered under the MEP; (4) ensures that participation in the MEP is available only to employees and former employees of the PEO and client employers and to employees and former employees of former client employers who became participants during the contract period between the PEO and former client employers, and their beneficiaries; and (5) meets any other applicable conditions under 29 CFR 2510.3-55(c).

**Caution!** Do not check this box for a defined benefit plan sponsored by a PEO. See instructions for element (d) Other Multiple-Employer Pension Plan.

**(c) Pooled Employer Plan.** [top](#) Check this box if the Schedule MEP is being filed for a defined contribution MEP that is a pooled employer plan and complete Parts II and III. A plan operated by a “pooled plan provider” is a pooled employer plan if: (1) the plan is an individual account plan established or maintained for the purpose of providing benefits to the employees of two or more employers; (2) the plan is a qualified retirement plan, a plan that consists of annuity contracts described in Code section 403(b) that also meets the requirements of Code section 403(b)(15), or a plan funded entirely with individual retirement accounts (IRA-based plan); and (3) the terms of the plan meet certain requirements set forth in ERISA section 3(43).

A “pooled plan provider” with respect to a pooled employer plan is defined in ERISA section 3(44) and Code section 413(e) to mean a person that:

1. is designated by the terms of the plan as a named fiduciary under ERISA, as the plan administrator, and as the person responsible for performing all administrative duties that are reasonably necessary to ensure that the plan meets the Code requirements for tax-favored treatment and the requirements of ERISA and for ensuring that each employer in the plan takes actions as the Secretary of Labor or the pooled plan provider determines necessary for the plan to meet Code and ERISA requirements, including providing to the pooled plan provider any disclosures or other information that the Secretary may require or that the pooled plan provider otherwise determines are necessary to administer the plan or to allow the plan to meet Code and ERISA requirements;
2. acknowledges in writing its status as a named fiduciary under ERISA and as the plan administrator;
3. is responsible for ensuring that all persons who handle plan assets or are plan fiduciaries are bonded in accordance with ERISA requirements; and
4. registers as a pooled plan provider by filing a Form PR in accordance with 29 CFR 2510.3-44.

**Note.** The term “pooled employer plan” does not include a multiemployer plan or plan maintained by employers that have a commonality of interest other than having adopted the plan. The term also does not include a plan established before January 1, 2021, which is the effective date of the SECURE Act provisions allowing pooled employer plans to begin operating, unless the plan administrator elects to have the plan treated as a pooled employer plan and the plan meets the Code and ERISA requirements applicable to a pooled employer plan established on or after such date, including the requirement that the pooled plan provider file a Form PR with the Department of Labor before beginning to operate any pooled employer plan(s).

**Caution!** The pooled plan provider must be the same as the person identified as the plan sponsor and administrator in Part II of

*the Form 5500 and plan administrator on line C of Schedule MEP. All information for the pooled employer plan and the pooled plan provider operating the plan reported on the Form 5500, including Schedule MEP, must match the information reported on the Form PR. Failure to use consistent identifying information could result in correspondence from the Department of Labor or the Internal Revenue Service.*

**(d) Other Multiple-Employer Pension Plan.** [top](#) Check this box, describe the type of MEP (e.g., defined benefit MEP or collectively-bargained multiple-employer pension plan that did not elect to be treated as a multiemployer plan) and complete Part II of the Schedule MEP if the Schedule MEP is being filed for a plan that is maintained by more than one employer and is not one of the plans already described.

**Note.** A MEP can be collectively bargained and collectively funded, but if covered by PBGC termination insurance, must have properly elected before September 27, 1981, not to be treated as a multiemployer plan under Code section 414(f)(5) or ERISA sections 3(37)(E) and 4001(a)(3) and have not revoked that election or made an election to be treated as a multiemployer plan under Code section 414(f)(6) or ERISA section 3(37)(G).

## Part II Multiple-Employer Plan Participating Employer Information [Return to top](#)

All MEPs (including association retirement plans, PEO plans, pooled employer plans, and other multiple-employer pension plans) must complete Part II to report the information for each participating employer in the MEP filing the Form 5500. All MEPs complete lines 2a-2c. Defined contribution MEPs also complete line 2d.

Complete as many entries as needed to list the required information for each participating employer that is not an individual person.

**Note.** If there are any working owners without employees participating in the plan, answer “Yes” to line 2e and provide the percentage of total contribution and aggregate account balance information for all such individuals on lines 2f and 2g, without providing names or other identifying information.

**Line 2a.** [top](#) Enter the name of each participating employer in line 2a.

**Line 2b.** [top](#) Enter the EIN of each participating employer.

**Caution!** Do not enter an SSN in lieu of an EIN. The Schedule MEP is open to public inspection, and the contents are public information and are subject to publication on the Internet. Because of privacy concerns, the inclusion of an SSN or any portion thereof on a Schedule MEP may result in the rejection of the filing.

**Line 2c.** [top](#) Enter a good faith estimate of each participating employer’s percentage of the total contributions (including employer and participant contributions) made by all participating employers during the plan year. The percentage may be rounded to the nearest whole percentage. Any employer that was obligated to make contributions to the plan for the plan year, who made contributions to the plan for the plan year, or whose employees were covered under the plan for the plan year is a “participating employer” for this purpose. If a participating employer made no contributions for the plan year (including participant contributions), enter “-0-” on line 2c.

**Line 2d.** [top](#) If this filing is for a defined contribution MEP, enter the aggregate account balances for each participating employer, determined as the sum of the account balances of the employees of such employer (and the beneficiaries of such employees). For line 2d, the aggregate account balance attributable to each employer is the sum of the account

balances of the employees of such employer and their beneficiaries at the end of the year. Consistent with the information on the schedule of the assets for the plan as a whole, use the end-of-year valuation to calculate the amount of the aggregate account balances of each employer. The amounts can be rounded to the nearest dollar, consistent with other asset reporting on the forms and schedules.

**Line 2e. [top](#)** If the plan includes any individuals not participating through an employer or who are individual working owners, answer “Yes” to line 2e and complete lines 2f and 2g. Do not identify such individuals on line 2a. For purposes of completing this schedule, a “working owner” has the same meaning as in 29 CFR 2510.3-55(d)(2).

**Line 2f. [top](#)** If the answer to line 2e is “Yes,” enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a. The amounts listed in line 2c and line 2f must equal 100 percent (with a permitted variance of less than 1 percent due to rounding).

**Line 2g. [top](#)** If the answer to line 2e is “Yes,” enter the aggregate account balances for all individuals who are not listed on line 2a.

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If this filing is for a pooled employer plan, you must complete Part III.

**Line 3. [top](#)** To be able to operate one or more pooled employer plans, pooled plan providers must satisfy a number of conditions, including compliance with the Form PR (Pooled Plan Provider Registration) requirements. See 29 CFR 2510.3-44.

**Line 3a. [top](#)** Pooled employer plans must answer whether the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500 and line C of Schedule MEP) has complied with the Form PR registration requirements.

**Line 3b. [top](#)** If line 3a is “Yes,” enter in line 3b the Receipt Confirmation Code (ACK ID) for the most recent Form PR that was required to be filed under the Form PR filing requirements. The ACK ID is the acknowledgement code generated by the system in response to a completed Form PR being submitted.

The instructions to the Form PR advise the pooled plan provider that it must keep, under ERISA section 107, the electronic receipt for the Form PR filing as part of the records of the pooled employer plans operated by the pooled plan provider.

Failure to enter a valid Receipt Confirmation Code (ACK ID) for the pooled plan provider’s most recent Form PR will subject the Form 5500 filing to rejection as incomplete.

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